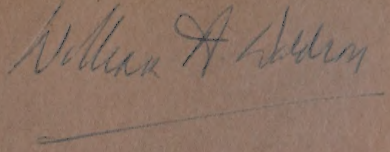

161st
Annual Report
of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL
1974

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1975

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Boston, Massachusetts
02114

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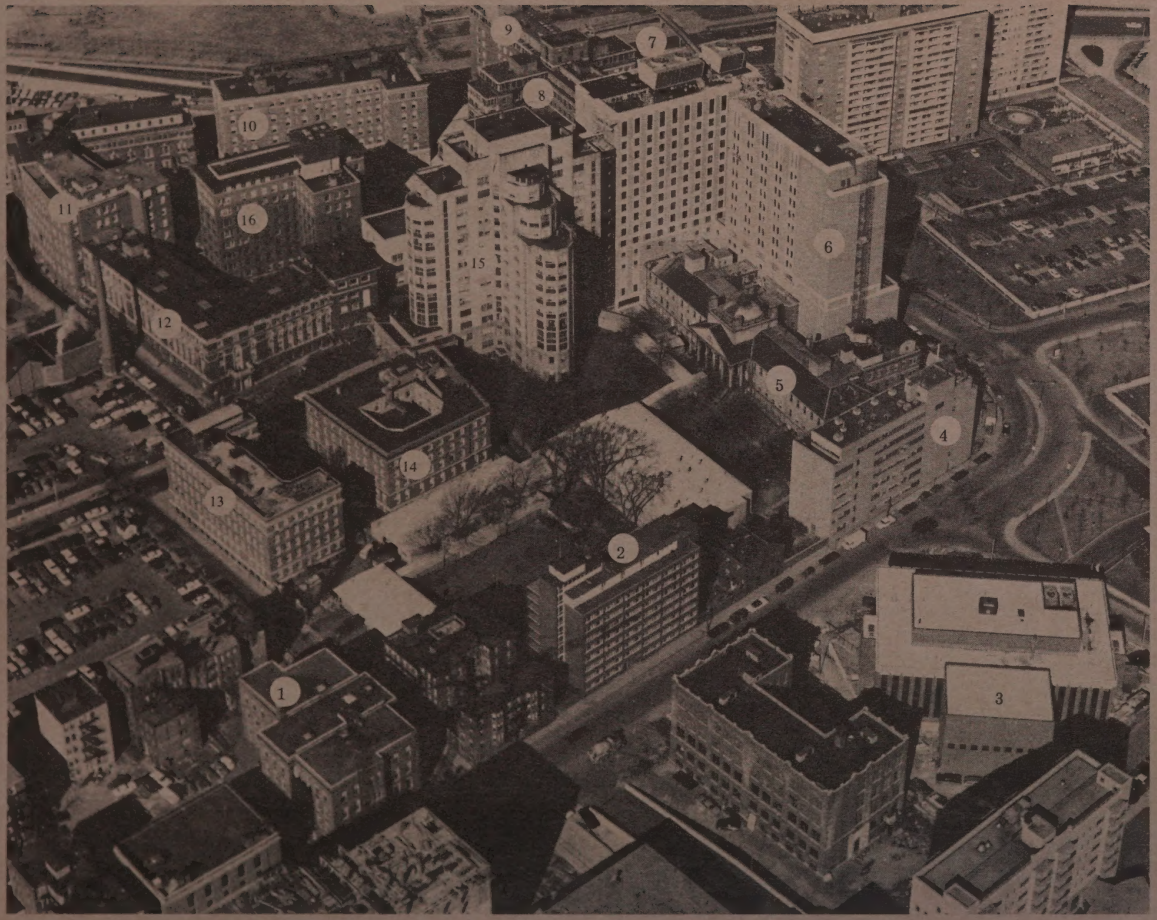

THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Cox Center (1975)
8. Baker Memorial (1930)
9. Warren Building (1956)
10. Phillips House (1917)
11. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
12. Clinics Building (1903)
13. Walcott House (1913)
14. Moseley Building (1916)
15. George Robert White Building (1939)
16. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Sixty-first Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

1974

OFFICERS AND STAFF 1975

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BOSTON, MASSACHUSETTS

General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accommodations; **The Burnham Memorial for Children;** and the **Phillips House,** the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street. Entrances to the Gray Building are on Blossom Street. The Phillips House and Warren Building entrances are on Charles Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is a Psychiatric Division of the MGH, and the **Vincent Memorial Hospital** is the MGH's Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Clinics* of the MGH are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the MGH devoted to the medical care of Charlestown residents.

Chelsea Health Center is a division of the MGH at 111 Bellingham Street in Chelsea providing comprehensive health care to the residents of Chelsea and neighboring communities.

The MGH is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

— A member of the American Hospital Association
— Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
— Approved by the American Medical Association for Residencies and Internships

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Robert F. Bales, Ph.D.

CHILDREN'S SERVICE
(BURNHAM DIVISION FOR CHILDREN)

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Robert N. Ganz, M.D.
Ralph A. Ross, M.D.

Pediatricians
John D. Crawford, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
M. Edward Keenan, M.D.
Thomas C. Peebles, M.D.
Philip J. Porter, M.D.
John C. Robinson, M.D.
Daniel C. Shannon, M.D.
John T. Truman, M.D.

Associate Pediatricians
Hans H. Bode, M.D.
William D. Cochran, M.D.
G. Robert DeLong, M.D.
Edward C. Dyer, M.D.
Leroy L. Eldredge, M.D.
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Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Rudolph Toch, M.D.
I. David Todres, M.D.
William A. Walker, M.D.

Assistant Pediatricians
Alia Y. Antoon, M.B.,Ch.B.
Inese Z. Beitins, M.D.
Ronald R. Benz, M.D.
Patsy B. Cipolloni, M.D.
Nathan H. Fearer, M.D.
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Yhu-Hsiung Lee, M.D.
Aubrey Milunsky, M.B.,B.Ch.
Fergus M. B. Moylan, M.B.,B.Ch.
Stephen L. Reynolds, M.D.
Jordan S. Ruboy, M.D.

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John P. Cloherty, M.D.
Carla B. Cohen, M.D.
Saul H. Cohen, M.D.
Geraldine G. Feldman, M.D.
George A. Glines, M.D.
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Chi S. Wang, M.D.
Robert G. Zwerdling, M.D.

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Boris Senior, M.D.
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Lois M. Smedley, M.D.
Wilhelmina VanDyke, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
Eleanore C. Zaudy, M.D.

Assistant Biochemist
June R. Aprille, Ph.D.

Assistant Geneticist
Lee B. Jacoby, Ph.D.

Associates from other Services and Departments

Anesthesia:	Richard J. Kitz, M.D. John Ryan, M.D. David Todres, M.D. Myra Jasinska, M.D. Nicholas Goudsouzian, M.D. Stanislaw Szyfelbein, M.D.
Cardiac Surgery:	W. Gerald Austen, M.D. Mortimer J. Buckley, M.D. W. Hardy Hendren, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. Samuel H. Kim, M.D. Patricia K. Donohoe William C. Quinby, M.D.
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D. Ann Barnes, M.D.
Infectious Disease:	Morton N. Swartz, M.D.

Neurology:	Raymond Adams, M.D. Hugo Moser, M.D. Elizabeth Dooling, M.D.
Neurosurgery:	William H. Sweet, M.D. Paul Chapman, M.D.
Organ Transplantation:	Paul S. Russell, M.D. Ronald Malt, M.D.
Orthopaedic Surgery:	Michael Ehrlich, M.D. Richard Smith, M.D. Edwin T. Wyman, Jr., M.D.
Plastic Surgery:	John Remensnyder, M.D. John Constable, M.D.
Psychiatry:	Norman Bernstein, M.D. Harold Abramowitz, M.D. Richmond Holder, M.D. Bellendon Hutcheson, M.D. Stuart Kameny, M.D. Herbert Klein, M.D. Richard Peebles, Ph.D. Jack Rice, M.D.
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Radiology:	Susan Kramer, M.D. Alfred L. Weber, M.D.
Urologic Surgery:	George R. Prout, Jr., M.D. W. Hardy Hendren, M.D. Samuel H. Kim, M.D.

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William Berenberg, M.D.
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Consultant in Psychology
Jerome Kagan, Ph.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.Sc.

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Thomas H. Green, Jr., M.D.
Hermes C. Grillo, M.D.
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J. Gordon Scannell, M.D.
Chiu-an Wang, M.D.
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Earle W. Wilkins, Jr., M.D.

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A. Benedict Cosimi, M.D.
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A. John Erdmann III, M.D.
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S. Peter Sarris, M.D.
James M. Shannon, M.D.

Irad B. Hardy, M.D.
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Ronald M. Weintraub, M.D.
Masao Yatsuhashi, M.D.

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Martin J. Bellinger, M.D.
Conrado C. Bondoc, M.D.
Francis H. Boudreau, M.D.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
John V. Pikula, M.D.
William J. Porell, M.D.

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Daniel F. Malamud, Ph.D.

Immunologist

Henry J. Winn, Ph.D.

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Janet M. Plate, PhD.

Associate Biochemists

Ajit Kumar, Ph.D.
David A. Swann, Ph.D.

Assistant in Biochemistry

Andre J. Ouellette, Ph.D.

Assistant Biophysicist

Jeffrey K. Raines, Ph.D.

Consultant in Plastic Surgery

Joseph E. Murray, M.D.

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▲ Inese Z. Beitins, M.D.
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Thomas S. Durant, M.D.
Thomas H. Green, Jr., M.D.
John W. Grover, M.D.
Arthur L. Herbst, M.D.
Francis M. Ingersoll, M.D.
* Janet W. McArthur, M.D.
# George S. Richardson, M.D.

Clinical Associate

Bartlett H. Stone, M.D.

Clinical Assistant

Francis H. Boudreau, M.D.

Assigned from Surgical Service
* Assigned from Medical Service
▲ Assigned from Pediatric Service

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Robert G. Ojemann, M.D.

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Edward P. Baker, Jr., M.D. Paul L. Kornblith, M.D.
James G. Wepsic, M.D.

Assistants in Neurosurgery
Paul H. Chapman, M.D. Charles E. Poletti, M.D.
Robert M. Crowell, M.D. Edward C. Tarlov, M.D.

Clinical Associates in Neurosurgery
Herbert L. Cares, M.D. Henry H. Schmidek, M.D.
Vernon H. Mark, M.D. Nicholas T. Zervas, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames III, M.D.

Associate Neurophysiologists in Neurosurgery
Richard H. Masland, Ph.D. Daniel A. Pollen, M.D.

Assistant in Neurophysiology in Neurosurgery
Edwin G. Fischer, M.D.

Assistants in Chemistry in Neurosurgery
Eugene I. Tolpin, Ph.D. Glyn R. Wellum, Ph.D.

Assistant Immunochemist in Neurosurgery
F. Curtis Dohan, Jr., M.D.

Assistant in Neuropathology
Jonathan Shay, M.D.

Assistant in Anatomy in Neurosurgery
Virginia B. Peters, Ph.D.

Consultant in Mathematics
Joseph H. Taylor, Ph.D.

Consultant in Chemistry
Albert H. Soloway, Ph.D.

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Thornton Brown, M.D.
William H. Harris, M.D.
Robert D. Leffert, M.D.
Eugene E. Record, M.D.
Richard J. Smith, M.D.

Associate Orthopaedic Surgeons

Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.

Assistant Orthopaedic Surgeons

Joseph S. Barr, Jr., M.D.
Robert J. Boyd, M.D.
Hugh P. Chandler, M.D.
Michael G. Ehrlich, M.D.
James I. Huddleston, M.D.
William L. Kermond, M.D.
William R. MacAusland, Jr., M.D.
Charles Weiss, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopaedic Surgery

Robert B. Brendze, M.D.
Stanley L. Grabias, M.D.
Dineshkumar G. Patel, M.B.,B.S.
Robert S. Steinberg, M.D.
Samuel D. Stulberg, M.D.

Clinical Associates in Orthopaedic Surgery

Thomas F. Broderick, Jr., M.D.
Subramanyan Jayasankar, M.B.,B.S.
Philip I. Salib, M.D.
Richard D. Scott, M.D.
David P. Simmons, M.D.
Ralph C. Sweetland, M.D.
Elliott L. Thrasher, M.D.

Assistant in Biochemistry

Louis Lippiello, Ph.D.

Chief of the Department of Podiatry

John D. McLean, D.S.C.

Podiatrist

Jordan J. Winer, D.P.M.

Assistant Podiatrists

Edward R. Bloom, D.S.C.
Sidney Brass, D.S.C.
Donald D. Donovan, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant to the Orthopaedic Outpatient Department

James S. Hewson, M.D.

Consultants in Engineering Science

Robert W. Mann, Sc.D.
Igor L. Paul, Sc.D.

UROLOGY

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Consulting Visiting Urologist
Sylvester B. Kelley, M.D.

Visiting Urologist
Walter S. Kerr, Jr., M.D.

Assistant Urologists
Edward C. Parkhurst, M.D.
Lorande Woodruff, M.D.

Assistants in Urology
Alex F. Althausen, M.D.
Hugh C. Bredin, M.B., B.Ch.
Stephen P. Dretler, M.D.
Robert J. Irwin, M.D.
William L. Strickler, M.D.
Hugh H. Young II, M.D.

Clinical Assistant in Urology
Vernon M. Pais, M.D.

Assistant Immunologist
Eugene P. Ornellas, Ph.D.

DEPARTMENT OF ORAL SURGERY

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Richard L. Miner, D.D.S.
Morton J. Olin, D.M.D.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons
Barry J. Agranat, D.M.D.
R. Bruce Donoff, D.M.D.
Henry D. Howe, D.M.D.
Peter G. Kimball, D.M.D.
Robert C. Lincoln, D.M.D.
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

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Zygmunt W. Pozatek, D.M.D.

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Edward B. Seldin, D.M.D.

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Leonard Kaban, D.M.D.,M.D.
Donald B. Rae, D.D.S.
Edward L. Sleeper, D.D.S.

Clinical Assistants in Oral Surgery
Robert A. Frank, D.M.D.
Stephen E. St.Onge, D.M.D.
Richard J. Spence, D.M.D.

Consultant in Oral Pathology
Gerald Shklar, D.D.S.

DEPARTMENTS

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Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

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James B. Caulfield, M.D.
Harold F. Dvorak, M.D.
Max Goodman, M.D.
Kilmer S. McCully, M.D.
Martin C. Mihm, Jr., M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists
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James J. Galdabini, M.D.
Avis J. Lingeman, M.D.
Eugene J. Mark, M.D.
Stanley J. Robboy, M.D.
Alan L. Schiller, M.D.
Robert L. Trelstad, M.D.

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Mary E. Hammond, M.D.
Sudarshan Rai, M.B.B.S.
Wanda M. Szyfelbein, M.D.
William R. Welch, M.D.

Clinical Associates in Pathology
Robert Fienberg, M.D.
Joel Umlas, M.D.

Clinical Assistants in Pathology
Sheldon Cooperman, M.D.
James M. Gibson, M.D.
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists
Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biochemist
Neil S. Orenstein, Ph.D.

Assistant Biologist
Paul F. A. Maderson, Ph.D.

Consultant in Pathology
Walter G. J. Putschar, M.D.

ANESTHESIA

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Anesthetists

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Aaron J. Gissen, M.D.
Phillips Hallowell, M.D.
Myron B. Laver, M.D.
Edward Lowenstein, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

John H. L. Bland, M.B.,B.Chir.
John M. R. Bruner, M.D.
David J. Cullen, M.D.
Brian C. Dalton, L.R.C.P.I.
Susanne J. Learmonth, M.D.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
John F. Ryan, M.D.
Stanislaw K. Szyfelbein, M.D.
Sarita G. Walzer, M.D.
Roger S. Wilson, M.D.

Assistant Anesthetists

Hassan H. Ali, M.B.,B.Ch.
Julien F. Biebuyck, M.B., Ch.B.
Han Twu Chiang, M.D.
Nabil R. Fahmy, M.B.,B.Ch.
Nishan G. Goudsouzian, M.B.,B.Ch.
Miroslawa T. Jasinska, M.D.
Demetrios G. Lappas, M.D.
Alix Mathieu, M.D.
Daniel M. Philbin, M.D.
Rafik Rizk Attia, M.B.,B.Ch.
John J. Savarese, M.D.
Pennathur Sundaram, M.B.B.S.
I. David Todres, M.B.,ChB.
Warren M. Zapol, M.D.

Assistants in Anesthesia

Burton A. Briggs, M.D.
Lambertus J. Drop, M.D.
William B. Latta, M.D.
Annetta L. Murphy, M.D.
Daniel L. Nozik, D.D.S.
Mary K. Patterson, M.D.
Michael A. Rie, M.D.
James T. Roberts, M.D.
Janine T. Rodrigues, M.B.B.S.
Stephen J. Thomas, M.D.

Clinical Associates in Anesthesia

Franco R. Dinale, M.D.
Bennie Geffin, M.B.,B.Ch.
Bernard R. Hand, M.D.
Adly H. Iskandar, M.B.,B.Ch.
Charles G. Kelley, M.D.
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Eliot M. Slater, M.D.
Howard A. Trachtenberg, M.D.

Psychologist

Gene M. Smith, Ph.D.

Biomedical Engineer

Jozef K. Cywinski, Ph.D.

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Jeffrey B. Cooper, Ph.D.
Ronald S. Newbower, Ph.D.

Assistant in Pharmacology

Keith W. Miller, D.Phil.

Assistant in Biochemistry

Janet C. Miller, D.Phil.

Assistant in Chemical Engineering

Clark K. Colton, Ph.D.

BACTERIOLOGY

Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists
Theodore F. Medrek, Ph.D. Barbara K. Watson, Ph.D.

Consultant in Bacteriology
Robert C. Moellering, Jr., M.D.

CLINICAL CHEMISTRY LABORATORIES

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Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
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Radiation Therapists
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Assistant Radiation Therapists
Chan H. Choi, M.D. Ann Maria Chu, M.D.
William U. Shipley, M.D.

Radiation Biophysicist
Edward R. Epp, Ph.D.

Assistant Radiation Biophysicists
Arthur L. Boyer, Ph.D. Michael Goitein, Ph.D.
Clifton C. Ling, Ph.D.

Assistants in Radiation Biophysics
Karen P. Doppke, M.S. Miriam M. Gitterman, M.S.

Assistant in Biology
Robert S. Sedlacek, M.S.

Consultants in Radiation Medicine
Lawrence M. Kotner, M.D.
Edward B. Seldin, D.M.D.

Consultant Biologist
Luka Milas, Ph.D.,M.D.

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Richard C. Pfister, M.D.
Frederick S. Tomchik, M.D.
Jack Wittenberg, M.D.

Assistant Radiologists
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Henry J. Llewellyn, M.D.
Kenneth A. McKusick, M.D.
Glenn H. Roberson, M.D.

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Lester Kalisher, M.D.
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Anthony G. Peck, M.D.
David A. Phillips, M.D.
Arthur T. Rosenfield, M.D.

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Stephen W. Miller, M.D.
Jeffrey H. Newhouse, M.D.
Robert C. Sarno, M.D.
Lawrence B. Stone, M.D.
Francis J. Sullivan, M.D.
Arthur C. Waltman, M.D.
Isabel C. Yoder, M.D.

Clinical Associates in Radiology

Joseph Hanelin, M.D.
Murray L. Janower, M.D.
Richard E. Land, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
James J. Pollard, M.D.

Clinical Assistants in Radiology

Daniel I. Becker, M.D.
Karl T. Benedict, M.D.
Robert E. Boyd III, M.D.
W. Robert Courey, M.D.
Gail R. Eliot, M.D.
Robert H. Jaros, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
John D. Osmond, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.
Jeffrey P. Rudnick, M.D.
Thomas E. Shea, M.D.
Vincent R. Sites, M.D.
Milton A. Weiner, M.D.
Robert C. Williams, M.D.

Physicists

Gordon L. Brownell, Ph.D.
Edward W. Webster, Ph.D.

Associate Physicists

Saul Aronow, Ph.D.
Charles A. Burnham, M.S.
Bernard Hoop, Jr., Ph.D.

Assistant Physicists

Nathaniel M. Alpert, Ph.D.
Frank P. Castronovo, Jr., Ph.D.
David A. Chesler, Sc.D.

Assistants in Physics

John A. Correia, Ph.D.
Brian W. Murray, Ph.D.

Engineer

Malcolm Mackay

Assistant Chemist

Donald J. Hnatowich, Ph.D.

Consultants in Radiology

John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Lucy F. Squire, M.D.

Consultants in Dental Roentgenology

Walter C. Guralnick, D.M.D.
R. Bruce Donoff, D.M.D.

HOUSE STAFF

Residents and Interns
as of January 1, 1975

MEDICINE

Chief Resident
William E. Seaman, M.D.

Third Year Residents

Robert C. Aber, M.D.
Richard E. Dixon, M.D.
Richard L. Goldstein, M.D.
Diane E. Post, M.D.
Walter R. Rymzo, Jr., M.D.
Leslie D. Schlessinger, M.D.
John H. TenPas, M.D.

Second Year Residents

Janet L. Abrahm, M.D.
William J. Alton, M.D.
Robert F. Asbury, M.D.
Charles H. Caplan, M.D.
Blase A. Carabello, M.D.
Sarah H. Cheeseman, M.D.
James H. Doroshow, M.D.
Lawrence J. Eron, M.D.
Allan H. Goroll, M.D.
Elliott B. Grossbard, M.D.
David C. Hooper, M.D.
Stephen W. Hosea, M.D.
Mark S. Klempner, M.D.
Barbara E. Murray, M.D.
Terrence A. O'Malley, M.D.
Elizabeth A. Reid, M.D.
Michael Rosenblatt, M.D.
David A. Samuels, M.D.
Allen H. Schaeffer, M.D.
Randall M. Zusman, M.D.

First Year Residents (Interns)

Thomas R. Allyn, M.D.
Andrew G. Bodnar, M.D.
Franklin R. Bringhurst, M.D.
C. Alan Brown, M.D.
Mark W. Clark, M.D.
David R. Clemmons, M.D.
Leslie S. Fang, M.D.
David J. Fink, M.D.
David G. Gardner, M.D.
Jeffrey E. Harris, M.D.
Eleanor T. Hobbs, M.D.
Lewis C. Lipson, M.D.
Lawrence A. May, M.D.
Richard C. Pasternak, M.D.
Eric R. Powers, M.D.
Amy A. Pruitt, M.D.
James R. Snapper, M.D.
Robert S. Williams, M.D.
Mark A. Winchester, M.D.
Beverly Woo, M.D.

DERMATOLOGY

Chief Resident
Donald P. Lookingbill, M.D.

Third Year Residents

John Provan, M.D.
Lewis Tanenbaum, M.D.

Second Year Residents

Gregory L. Flint, M.D.
David B. Mosher, M.D.

First Year Residents

Gabriel G. Gruber, M.D.
Sylvia C. Johnson, M.D.
Ronald S. Kahan, M.D.
Thomas M. Krop, M.D.

NEUROLOGY

Chief Resident
Mark Hallett, M.D.

Third Year Residents
Harris L. Bonnette, M.D.
Thomas R. Browne, M.D.
John P. Kistler, M.D.

Second Year Residents
William J. L. Cable, M.B.,Ch.B.
Jesaiachu A. Hemli, M.D.
Camille B. Draskoczy, M.D.
Julie L. Heston, M.D.
Raymond J. Fernandez, M.D.
Robert A. Levine, M.D.
John B. Welch, M.D.

First Year Residents
Telmo M. Aquino, M.D.
Richard C. Hinton, M.D.
Robert D. Helme, M.B.B.S.
Stephen M. Sagar, M.D.
Daniel B. Hier, M.D.
Thomas M. Walshe, M.D.
Howard D. Weiss, M.D.

PSYCHIATRY

Fifth Year Resident
Nicholas D. Kouretas, M.D.

Fourth Year Resident
Darrel A. Regier, M.D.

Third Year Residents
Carol S. DuBois, M.D.
Peter A. Mansky, M.D.
Janina R. Galler, M.D.
Dermot A. O'Rourke, M.B.,B.Ch.
James E. Groves, M.D.
Edmond D. Robinson, M.D.
Rowen M. Hochstedler, M.D.
Irwin Savodnik, M.D.
Neil R. Johnson, M.D.
David V. Sheehan, M.D.
Theo C. Manschreck, M.D.
Rege S. Stewart, M.D.

Second Year Residents
Arthur J. Barsky III, M.D.
Gerry R. Mittler, M.D.
Joel E. Dimsdale, M.D.
George B. Murray, M.D.
Martin B. Keller, M.D.
Alice W. Valle, M.D.
Charles A. Marotta, M.D.
Charles A. Welch, M.D.
Alexander L. Miller, M.D.
James H. Wheeler, M.D.
Barry R. Zitin, M.D.

First Year Residents
William E. Falk, M.D.
Jerrold F. Rosenbaum, M.D.
Bernard M. Gerber, M.D.
Linda C. Shafer, M.D.
Stephen C. Kleinman, M.D.
Jeffrey L. Simmons, M.D.
Anastasia Kucharski, M.D.
Lois S. Slovik, M.D.
Mark G. F. McCormick, M.D.
Gordon J. Trockman, M.D.
Richard C. Rice, M.D.
Thomas G. Worobec, M.D.

CHILDREN'S

Chief Resident

Charles A. Dinarello, M.D.

Third Year Residents

Linda S. Fagenholz, M.D.
Daniel G. Heller, M.D.
Dorothy H. Kelly, M.D.
Richard A. Rosen, M.D.
Thomas K. Walter, M.D.
Pamela A. Zuckerman, M.D.

Second Year Residents

Mary E. King, M.D.
Laura R. Ment, M.D.
Madeline B. Morris, M.D.
Orah S. Platt, M.D.
Stephen M. Reppert, M.D.
Mark A. Rockoff, M.D.
Karen L. Scruggs, M.D.
Mary C. Thrift, M.D.
Michael A. Wall, M.D.
Melinda K. Zitin, M.D.

First Year Residents (Interns)

David A. Auerbach, M.D.
Ira Bergman, M.D.
Michael L. Eisenstadt, M.D.
Peter A. Gorski, M.D.
James T. Higgins, M.D.
Martha J. Macdonald, M.D.
Robert M. Meyer, M.D.
Susan R. Panny, M.D.
Margaret S. Ross, M.D.

NEUROSURGERY

Fourth Year Residents

R. Wayne Hurt, M.D.
John P. Mickle, M.D.
Kenneth H. Ott, M.D.
Charles E. Poletti, M.D.

Third Year Residents

Roberto C. Heros, M.D.
Lincoln F. Ramirez, M.D.

Second Year Resident

Curtis N. Nelson, M.D.

First Year Residents

Peter M. Black, M.D.
Michael H. Lavyne, M.D.
Eugene A. Quindlen, M.D.

SURGERY

Chief Residents

Cary W. Akins, M.D.
Alfred M. Cohen, M.D.
James W. May, M.D.
Robert W. Sloane, Jr., M.D.

Fifth Year Residents

Kenneth G. Barron, M.D.
Douglas Bunting III, M.D.
James F. Burdick, M.D.
Fredric Jarett, M.D.
Frederick H. Levine, M.D.

Fourth Year Residents

Donald M. Clough, M.D.
Benjamin E. Cohen, M.D.
John C. Hawk, M.D.
Alan D. Hilgenberg, M.D.

Michael R. Harrison, M.D. Nevin M. Katz, M.D.
Bruce W. Lytle, M.D.

Third Year Residents

Matthias B. Donelan, M.D. Sharon K. Muenchow, M.D.
Gary Fell, M.B.,B.S. Robert O. Powell, M.D.
Jose R. Gonzales, M.D. Michael Scheflan, M.D.
Herbert C. Hoover, Jr., M.D. William L. Smead, M.D.
Robert Lowe, M.D. Daniel H. Smith, M.D.
Robert L. Thurer, M.D.

Second Year Residents

I. Kathleen H. Cook, M.D. James K. Kirklin, M.D.
Thomas F. Dodson, M.D. Peter T. Nieh, M.D.
G. Gregory Gallico III, M.D. Jon A. Perlman, M.D.
J. Thomas Goodgame, M.D. Edward B. Seldin, M.D.
Mark S. Hochberg, M.D. David M. Shahian, M.D.
Arlen R. Holter, M.D. William P. Thorpe, M.D.
John P. Kelly, M.D. Victor Tseng, M.D.
Luis F. Villar, M.D.

First Year Residents (Interns)

William S. Coleman, M.D. Susan E. Miller, M.D.
Wayne M. Derkac, M.D. Charles Peters, M.D.
Michel Jean-Baptiste, M.D. Edmond J. Raker, M.D.
Thomas H. Jones, M.D. Gregory E. Scott, M.D.
Douglas J. Mathisen, M.D. William C. Scott II, M.D.
Charles J. McCabe, M.D. Joseph P. Vacanti, M.D.
Thomas P. McGovern, M.D. Boyd H. Winslow, M.D.

ORTHOPAEDIC SURGERY

Chief Residents

Gerald G. Steinberg, M.D. Harold J. Wiesman, M.D.

Third Year Residents

John A. K. Davies, M.D. Roy M. Nuzzo, M.D.
Stephan D. Deutsch, M.D. Ralph W. Pierce, M.D.
John B. Emans, M.D. Marvin L. Primack, M.D.
Frederick S. Fogelson, M.D. Richard A. St.Onge, M.D.
Richard B. Swett, M.D.

Second Year Residents

Roy K. Aaron, M.D. Peter D. Kent, M.D.
Arnold S. Broudy, M.D. Harold C. Leeds, M.D.
John C. Garrett, M.D. William W. Tomford, M.D.
Frederick L. Jones, M.D. John R. Whiffen, M.D.

First Year Residents

Robert M. Averill, M.D. Stephen J. Lipson, M.D.
Robert K. Hillier, M.D. John M. Mazur, M.D.
Harry E. Jergesen, M.D. Frank Seinsheimer III, M.D.
Scott V. Linder, M.D. Peter J. Stern, M.D.

ORAL SURGERY

Third Year Residents

Thomas W. Albert, D.M.D. Daniel J. Olson, D.D.S.
Colin Yates, B.D.S.

Second Year Residents

H. Warren Birnbaum, B.D.S. Willie L. Stephens, D.D.S.

First Year Residents

Nalton F. Ferraro, D.M.D. Larry S. Williams, D.D.S.

UROLOGY

Chief Resident

Niall M. Heney, M.D.

Third Year Resident

Fray F. Marshall, M.D.

Second Year Residents

John S. F. Daly, M.D. Terry W. Hensle, M.D.
Richard B. McArdle, M.D.

First Year Residents

Michael E. Mitchell, M.D. Eric J. Sacknoff, M.D.

RADIATION MEDICINE

Chief Resident

Robert S. Heller, M.D.

Third Year Resident

Luiz A. Fagundes, M.D.

Second Year Residents

Stuart G. Gilbert, M.D. Gerald H. Sokol, M.D.
Oscar A. Mendiondo, M.D. Joel E. Tepper, M.D.

First Year Residents

Arthur J. Elman, M.D. Newell O. Pugh, M.D.

PATHOLOGY

Chief Resident

Mark A. Weiss, M.D.

Fifth Year Resident

Karl H. Proppe, M.D.

Fourth Year Residents

Jay G. DuBois, M.D. Barbara M. Osborne, M.D.

Third Year Residents

Richard D. Bradley, M.D.
Richard J. Geller, M.D.
Walter K. Jung, M.D.
Susan D. Patterson, M.D.

Second Year Residents

Roy J. Apter, M.D.
Michael J. Gallagher, M.D.
Stephen J. Galli, M.D.
Michael J. Hahn, M.D.
Ben Z. Pilch, M.D.
Chester F. Schott, M.D.

First Year Residents

Robert E. Sandstrom, M.D.
Ronald L. Sirota, M.D.

First Year Residents (Interns)

John T. Fallon, M.D.
Terence J. Harrist, M.D.
George M. Kleinman, M.D.
Joan R. Kumar, M.D.
Katharine S. Kosinski, M.D.
Neil N. Silbermann, M.D.

ANESTHESIA

Chief Resident

J. Kenneth Davison, M.D.

Fourth Year Resident

Daniel F. Dedrick, M.D.

Third Year Residents

Robert P. Antonio, M.B.,B.S.
Jeffrey B. Brand, M.D.
Joanne C. Chaharyn, M.D.
John L. Clark, M.D.
Michael C. Long, M.D.
Charles W. Otto, M.D.
Robert C. Schneider, M.D.
Jurgen Seebacher, M.D.
Keith B. Shoaps, M.D.
John L. Waller, M.D.
Norman E. Wilson, M.D.
James R. Zaidan, M.D.

Second Year Residents

Clifton W. Emerson, M.D.
James C. Loomis, M.D.
Alphonse A. Maffeo, M.D.
Mark C. Rogers, M.D.
Richard M. Rosenblatt, M.D.
William P. Schecter, M.D.
Peter R. Silverstein, M.D.
Michael T. Snider, M.D.
Peter F. Walker, M.D.

First Year Residents

Frederic M. deBros, M.D.
Robert K. Crone, M.D.
Robert T. Falltrick, M.D.
Lowell E. Fox, M.D.
Ronald D. Friedman, M.D.
Stephen H. Harkness, M.D.
Toyoki Kugimiya, M.D.
Philip W. Lebowitz, M.D.
Donald H. Marcus, M.D.
Mark M. Mitchell, M.D.
Brian P. Murray, M.D.
Courtney C. Neff, M.D.
Philippa Newfield, M.D.
William R. Platzer, M.D.
Frederic M. Ramsey, M.D.
Peter T. Rothstein, M.D.
Jonathan M. Schwartz, M.D.
Michael A. Shanoff, M.D.
Mark Siegel, M.D.
Harvey C. Slocum, Jr., M.D.
Donald R. Stanski, M.D.
John K. Stene, Jr., M.D.
Richard S. Teplick, M.D.

RADIOLOGY

Chief Resident
Arthur K. Patterson, M.D.

Fourth Year Resident
Stuart H. Shapiro, M.D.

Third Year Residents

Harold Ackerstein, M.D.
Melvin L. Conn, M.D.
James N. Dreisbach, M.D.
Keith C. Fischer, M.D.
Milton J. Guiberteau, M.D.
Thomas C. Hill, M.D.
Robert A. Kane, M.D.
Adrian G. Krudy, M.D.
Fred A. Mettler, Jr., M.D.
Everett G. Schaner, M.D.
Richard S. Skoblar, M.D.

Second Year Residents

Edward B. Black, M.D.
Carolyn G. Dedrick, M.D.
William N. Floyd, M.D.
William V. Glenn, Jr., M.D.
Alan J. Greenfield, M.D.
Ronald L. Hainen, M.D.
James T. Rhea, M.D.
Derace L. Schaffer, M.D.
Michael J. Shortsleeve, M.D.
Philip E. Steeves, M.D.
Harold P. Weintraub, M.D.

First Year Residents

James M. Davis III, M.D.
Alan G. Dembner, M.D.
Deborah A. Hall, M.D.
Saadoon Kadir, M.D.
Daniel B. Kopans, M.D.
Hing-Har Lo, M.D.
John A. Long, M.D.
Peter R. Mueller, M.D.
Robert G. Peyster, M.D.
James H. Zuger, M.D.

CLINICAL AND RESEARCH FELLOWS

MEDICINE

Visiting Fellow
Rudolf Vrba, D.Sc.

Fellows

John B. Baillieul, M.S.
Eric G. Berger, M.D.
Antoine Bloch, M.D.
Charles A. Boucher, M.D.
Edward W. Bough, M.D.
Jean F. Bouhours, Ph.D.
Michael A. Boxer, M.D.
Jacob G. Brook, M.B.,B.Ch.
L. Edward Cannon, Ph.D.
Angelina C. Carvalho, M.D.
William Cass, M.D.
Francisco R. Castro, M.D.
Leo Choma, M.D.
George Chou, Ph.D.
Mary B. Clark, Ph.D.
Malcolm M. Cronlund, Ph.D.
Gregory D. Curfman, M.D.
William F. Crowley, M.D.
Pierre D'Amour, M.D.
John B. Davidson, Ph.D.
Jean-Michel Dayer, M.D.
Anthony M. DeMarco, M.D.
Mario-Antoine DiCato, M.D.
Reza Dorrie, M.D.
Mark S. Drapkin, M.D.
N. Dudani, M.B.B.S.
Benedict J. Duffy, M.D.
Dirk H. van den Eijnden, Ph.D.
Samuel A. Fagenholz, M.D.
Kenneth R. Falchuk, M.D.
Jack E. Farnham, M.D.
Robert R. Fenichel, Ph.D.
Jorge Flores-Calle, M.D.
Henry C. Ford, M.D.
Norberto S. Frega, M.D.
Thomas Q. Garvey, M.D.
Martin L. Gelman, M.D.
Richard H. Glew, M.D.
Julianne Glowacki, Ph.D.
Mark R. Goldman, M.D.
Donald A. Goldmann, M.D.
Steven R. Goldring, M.D.
Anne-Marianne Golovtchenko, Ph.D.
David Goltzman, M.D.
Beat A. Gurtler, M.D.
Stephen B. Guss, M.D.
John A. Hardin, M.D.
Paul A. Heineken, M.D.
Sheila Herscovitch, M.D.
Edward P. Hoffer, M.D.
David C. Hueter, M.D.
G. Timothy Johnson, M.D.
Fred G. Kantrowitz, M.D.
Alan D. Kaplan, M.D.
Daniel E. Keim, M.D.
Byron W. Kemper, Ph.D.
Ban-An Khaw, Ph.D.
J. David Kieffer, Ph.D.
Henry M. Kronenberg, M.D.
Alexander B. Latty, M.D.
Carlos Lehne, M.D.
Paul B. Lesser, M.D.
Joel B. Levine, M.D.
Thomas F. Linsenmayer, Ph.D.
Loren G. Lipson, M.D.
Jane E. Mahaffey, M.D.
Isamu Matsumoto, Ph.D.
Charles W. McLaughlin, Ph.D.
Richard A. Murphy, Ph.D.
Jeffrey D. Neill, M.D.
David A. Newsome, M.D.
Jeffrey B. Newton, M.D.
Normand E. Oliver, M.D.
David S. Oyer, M.D.
Igor Palacios Urdaneta, M.D.
John O. Pastore, M.D.
Allan Pont, M.D.
Roderick E. Prior, M.D.
Raman Qazi, M.D.
Ruth S. Quinn, Ph.D.
Vernon N. Reinhold, Ph.D.
Charles R. Rinaldo, Jr., Ph.D.
Mario S. Rosemblatt, Ph.D.
Ernest T. Rouse, M.D.
John W. Rowe, M.D.
Steven E. Rubin, M.D.
Ruth A. J. Runyon, M.D.
Robert G. G. Russell, Ph.D.
Judith A. Saide, Ph.D.
Jose M. Sancho, M.D.
Barry M. Schimmer, M.D.
David H. Schlesinger, Ph.D.
Dennis E. Schwartz, Ph.D.
Kamini Shastri, Ph.D.

Jerome L. Slate, M.D.
Eve E. Slater, M.D.
David M. Slovik, M.D.
Gerald N. Smith, Jr., Ph.D.
Daniel E. Souder, M.D.
Nancy L. Sprince, M.D.
Robert W. Steiner, Jr., M.D.
Donald R. Studney, M.D.
Hilbert J. T. Thalen, M.D.
George E. Thibault, M.D.
Janet Thorndike, Ph.D.
Gabriela J. Tobias, M.B.B.S.
Pamela A. Trueheart, D.Sc.
Paul A. Vignola, M.D.
Salvatore F. Vitale, Ph.D.
Jack R. Wands, M.D.
Albert C. Weihl II, M.D.
Robert M. Weinberg, M.D.
Laura F. Wexler, M.D.
Lee A. Witters, M.D.
Simeon M. Wrenn, Jr., Ph.D.
Lawrence A. Yeatman, Jr., M.D.
Michael B. Zack, M.D.
Vincent R. Zurawski, Jr., Ph.D.

DERMATOLOGY

David S. Feingold, M.D.
Barbara A. Gilchrest, M.D.
Antoinette F. Hood, M.D.
Sylvia C. Johnson, M.D.
Jeltje Koumans, M.D.
Joseph Kubilus, Ph.D.
Barbara B. Mandula, Ph.D.
Yasuihsa Nakayama, B.S.
Andris Neimanis, M.D.
Rafael A. Perez-Figaredo, M.D.
Steven K. Shama, M.D.
Robert S. Stern, M.D.
Bruce U. Wintroub, M.D.

NEUROLOGY

Frank H. Anderson, M.D.
Jack P. Antel, M.D.
Paul Derer, Ph.D.
Morris A. Fisher, M.D.
John H. Growdon, M.D.
Richard T. Lachman, M.D.
Yves LaPierre, M.D.
Monique Lefebvre-D'Amour, M.D.
Alexander M. Walker, M.D.
David N. Levine, M.D.
Takashi Miura, Ph.D.
Michael S. Pessin, M.D.
Janina Prot-Wald, M.D.
David P. Richman, M.D.
Boris R. Rojas, M.D.
Maria V. Salam, M.D.
Inderjit Singh, Ph.D.
Roger S. Williams, M.D.
Barbara W. Zaias, M.D.

NEUROPATHOLOGY

Fred H. Hochberg, M.D.
Hermann A. Schmid, M.D.

PEDIATRICS

Joel M. Andres, M.D.
Barry B. Bercu, M.D.
J. Bert Bunnell, Ph.D.
Lucienne A. Cahen, M.D.
Sidney E. Chang, Ph.D.
Marco Danon, M.D.
Joshua Epstein, D.Sc.
Felicita Gotay-Cruz, M.D.
Robert M. Hoffman, Ph.D.
Joseph D. Irr, Ph.D.
Craig L. Kien, M.D.
David A. Link, M.D.
Roderick R. McInnes, M.D.
Janice E. Milligan, M.D.
Susan P. Pauker, M.D.
Mary D. Scott, M.D.
Norman P. Spack, M.D.
Ai-Lien Wu, Ph.D.

PSYCHIATRY

David F. Allen, M.B.,Ch.B.
Anne W. Alonso, M.Ed.
James A. Manganello, Ed.D.
Priscilla C. Mason, M.A.

Andrea W. Beall, M.A.
Felton J. Earls, M.D.
Paul L. Fair, Jr., M.A.
Samuel H. Fisk, M.B.A.
Erik R. Floor, Ph.D.
Robert P. Granacher, Jr., M.D.
Regina Groshong, Ph.D.
Stephen D. Howard, M.D.
Arthur M. Kleinman, M.D.
Hartej S. Sandhu, M.D.
Sang K. Nam, M.D.
James P. Noon, Ph.D.
Edna P. Padilla, M.D.
Frank J. Paolitto, M.D.
Elizabeth L. Silverberg, M.A.
Robert M. Stewart, M.D.
Nehchal V. Tejwani, M.B.B.S.
Marcelo B. Trucco, M.D.
Robert J. Zimin, M.B.B.S.
Franklin S. Simon, M.D.
Margaret M. Pawlowski, M.D.

SURGERY

Ronald M. Abel, M.D.
Naoki Aikawa, M.D.
Everett Bandman, Ph.D.
David C. Brewster, M.D.
Kirby L. Browns, M.D.
Jacob Buth, M.D.
J. Lorenzo DeLaGarza, M.D.
Francis L. Delmonico, M.D.
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Douglas J. Franks, Ph.D.
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Jerome Haber, D.D.S.
Hiroshi Ijima, M.D.
David Irwin, Ph.D.
Yasuo Ito, M.D.
Edward E. Jacobs, M.D.
George Z. Kapellakis, M.D.
William G. Lavelle, M.D.
Lucien N. Levy, Ph.D.
David T. MacLaughlin, Ph.D.
Randolph D. Maloney, M.D.
Jesus Michel, M.D.
Michael L. Meistrell, M.D.
Thomas E. Northrup, Ph.D.
Thomas F. O'Donnell, Jr., M.D.
Philippe J. Oberlin, M.D.
Dennis D. O'Keefe, M.D.
John B. O'Meara, M.B.,B.S.
Jan E. Oscarson, M.D.
Anne W. Phillips, M.D.
John H. Raaf, M.D.
Harvey M. Rosen, M.D.
Samuel L. Selinger, M.D.
Peter B. Soeters, M.D.
William D. Soper, M.D.
M. Andre Vasu, M.D.
Hermanus F. Veen, M.D.
Michael P. Vezeridis, M.D.
James K. Wright, M.D.

NEUROSURGERY

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Robert L. Martuza, M.D.
Joe M. Parks, Ph.D.
John P. Phillips, M.B.,B.Ch.
Manit Sujatanond, M.D.

ORTHOPAEDIC SURGERY

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David S. Halpin, M.B.B.S.
Patrick T. Keenan, M.D.
Dragoslav Mitrovic, M.D.
Bernard J. L. Moyen, M.D.
Jean-Marie Scholler, M.D.
Samir Sircar, M.B.B.S.
Ira L. Spar, M.D.
Kichizo Yamamoto, M.D.

PATHOLOGY

Atul K. Bhan, M.D.
Philip B. Clement, M.D.
Takeo Matsuno, M.D.

RADIOLOGY

Robert H. Ackerman, M.D.
Frederick W. Hertzel, Ph.D.
Joseph C. Jones, M.D.
Nancy H. Kolodny, Ph.D.
John A. Parker, M.D.
Gerald M. Polucci, M.S.
Tito A. Rodriguez, M.D.
James A. Schnur, M.D.
Oscar J. Solis, M.D.
Jorge Merino-de Villasante, M.D.
Robert S. Wenstrup, Ph.D.

UROLOGY

Visiting Fellow
Luis Cid, M.D.

Fellow
John A. Heaney, M.B.,B.Ch.

RADIATION MEDICINE

Joel M. Busse, M.D.
Vincent S. T. Cheng, M.D.
Leo E. Gerweck, Ph.D.

ORAL SURGERY

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Larry F. Hill, D.D.S.
David A. Keith, B.D.S.

ANESTHESIA

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Laurence A. Denny, Jr., M.D.
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Samir F. Fuleihan, M.D.
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Eva Harnik, M.D.
Malcolm J. Heslop, M.R.C.S.
Astrid E. Liland, M.D.
Andre Martel, M.D.
Winfried W. Ohm, M.D.
Helge Opdahl, M.D.
Kam-Yee Yu Pang, Ph.D.
Adrian S. Selwyn, M.B.B.S.
Jerzy B. Siedlecki, M.D.
Peter M. Stulz, M.D.
K. Szczudlowski, M.D.
Lorna J. Bennett, D.Phil.

STAFF

THE MASSACHUSETTS GENERAL HOSPITAL

McLean Hospital

List of Officers and Staff begins on page 213.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

ACTIVE STAFF

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Claes H. Dohlman, M.D.

Assistant Chief of Ophthalmology
Charles D. J. Regan, M.D.

Acting Associate Chief of Ophthalmology
B. Thomas Hutchinson, M.D.

Surgeons in Ophthalmology

S. Arthur Boruchoff, M.D.
Claes H. Dohlman, M.D.
W. Morton Grant, M.D.
Charles D. J. Regan, M.D.
Karl Riemer, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Taylor R. Smith, M.D.

Associate Surgeons in Ophthalmology

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Thomas P. Cronin, M.D.
David D. Donaldson, M.D.
Carl G. Freese, M.D.
John R. Gehring, M.D.
Warren D. Haley, M.D.
B. Thomas Hutchinson, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
Ichiro D. Okamura, M.D.
George M. Olive, M.D.
Irving L. Pavlo, M.D.
Baruch J. Sachs, M.D.
Richard J. Simmons, M.D.

Assistant Surgeons in Ophthalmology

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Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
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Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
H. MacKenzie Freeman, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Joseph C. Kim, M.D.
Robert C. Lawlor, M.D.
Eeva-Liisa Martola, M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Ronald C. Pruett, M.D.
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Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Harvey H. Slansky, M.D.
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Donald R. Weis, M.D.
Michael Wiedman, M.D.

Assistants in Ophthalmology

Robert A. Bellows, M.D.
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Chester J. Boulris, M.D.
David G. Campbell, M.D.
Leo T. Chylack, M.D.
Ian J. Constable, M.D.
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Gault M. Farrell, M.D.
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Arthur S. Grove, M.D.
David A. Hill, M.D.
Tatsuo Hirose, M.D.
Eric H. Johnson, M.D.
Jay H. Kaufman, M.D.
Robert S. L. Kinder, M.D.
Mohandas M. Kini, M.D.
Joel Arthur Kraut, M.D.
Arnold J. Kroll, M.D.
Brent W. Lambert, M.D.
Deborah Pavan-Langston, M.D.
Ernst J. Meyer, M.D.
Joseph Michon, M.D.
Peter B. Mooney, M.D.
Edward Murphy, Jr., M.D.
Roger V. Ohanesian, M.D.
Donald W. Putnoi, M.D.
Gerald D. Rogell, M.D.
Kenneth A. Stampfer, M.D.
Felipe I. Tolentino, M.D.
Clement Trempe, M.D.
George A. Violin, M.D.
Shirley H. Wray, M.D.*

*Neuro-ophthalmology

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Paul A. Chandler, M.D.
Edwin B. Dunphy, M.D.

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William P. Beetham, M.D.
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Virgil G. Casten, M.D.
Joseph M. Clough, M.D.
Mahlon T. Easton, M.D.
Trygve Gunderson, M.D.
Carl C. Johnson, M.D.
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Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
Abraham Pollen, M.D.
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Earl S. Seale, M.D.
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Francis J. West, M.D.

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Parker Heath, M.D.

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Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.
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Ocular Motility Service
Stephen J. Fricker, M.D., Director

Corneal Contact Lens Service
Perry Rosenthal, M.D., Director

Ophthalmic Pathology
Taylor R. Smith, M.D., Director

General Eye Clinic
Karl Riemer, M.D., Director

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Assistants in Ophthalmology

Jack M. Bowers, M.D.
John F. Griffin, M.D.*
Barry H. Jacobs, M.D.
Edward A. Ryan, M.D.

*L.O.A.

DEPARTMENT OF OTOLARYNGOLOGY

ACTIVE STAFF

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Surgeons in Otolaryngology

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Alfred L. Hurst, M.D.
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Donald K. Lewis, M.D.
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William W. Montgomery, M.D.
Harold F. Schuknecht, M.D.
Sidney R. Wilker, M.D.

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Aram Roopenian, M.D.*
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C. Edward Jackson, M.D.
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Carl M. Lieberman, M.D.
Rufus C. Partlow, M.D.
David L. Pierce, M.D.
Albert Weiser, M.D.

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Robert P. Cipro, M.D.
Howard M. Ecker, M.D.*
Richard L. Fabian, M.D.*
Edward E. Jacobs, M.D.
William G. Lavelle, M.D.
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Joseph A. Moretti, M.D.
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Angelo Pappanikou, M.D.
Stephen A. Parker, M.D.**
Marshall Strome, M.D.
Alfred D. Weiss, M.D.**
Ernest A. Weymuller, M.D.
William R. Wilson, M.D.

*Plastic Surgery
**Otoneurology

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Associate Surgeon in Plastic Surgery

Howard M. Ecker, M.D.,
Assistant in Plastic Surgery

Richard L. Fabian, M.D.,
Assistant in Plastic Surgery

Subdivision of Otoneurology

Alfred D. Weiss, M.D.,
Assistant in Otoneurology

Stephen Parker, M.D.,
Assistant in Otoneurology

Subdivision of Otolaryngologic Pathology
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Director

Tumor Clinic
Charles W. Cummings, M.D.,
Director

Endoscopy Service
William W. Montgomery, M.D.,
Director

Esophageal Voice Classes
Ann Volk,
Director

Audiology
Rhoda K. Morrison,
Chief Audiologist

Consulting Chief of Otolaryngology
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Charles J. Drooker, M.D.
Carl H. Ernlund, M.D.
Maurice G. Evans, M.D.
John R. Frazee, M.D.
Robert L. Goodale, M.D.
Edgar M. Holmes, M.D.
Vincent J. Kelley, M.D.
Moses H. Lurie, M.D.
Daniel Miller, M.D.
John R. Richardson, M.D.
Bernard Zonderman, M.D.

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Herman J. Sternstein, M.D.

Assistant Surgeon in Otolaryngology
Elizabeth DeBlois, M.D.

Assistants in Otolaryngology
Frank W. Brady, M.D.
Morris Swartz, M.D.

ASSOCIATE STAFF

Associate Surgeons in Otolaryngology
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Robert Wayne Clubb, M.D.

Common to Both Services

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Associate Anesthesiologist
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Assistant Anesthesiologists
Audrey A. Lewis, M.D.
Eduardo Mancini, M.D.

Assistants in Anesthesiology
Jeffrey Brand, M.D.
Daniel F. Dedrick, M.D.
Harry R. Frohberg, M.D.
Angelo Gagliano, M.D.
Thomas J. Keenan, M.D.
Jin Woo Kim, M.D.
Chull H. Lee, M.D.
Jurgen Seebacher, M.D.
Ismail Seda Sensel, M.D.
Dae Ik Sonn, M.D.

RADIOLOGY

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Radiologists
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Kiyokazu J. Momose, M.D.

Assistant Radiologist
Jeanne Keller, M.D.

Consultants in Radiotherapy
Milford D. Schulz, M.D.
Herman D. Suit, M.D.
Chiu-chen Wang, M.D.

Consultant in Internal Medicine
Richard A. Field, M.D.

MICROBIOLOGY

Microbiologist
Anita Mangiaracine, A.B.

Supervisor of the Clinical Laboratories
Janis Avallone LaRosee

One Hundred and Sixty-first Annual Report of the Trustees

It is our pleasure to submit the 161st Annual Report of the Trustees. The calendar year 1974 covered by this report has witnessed extraordinary changes in the economy of the world, and the inflation in prices is reflected in the cost of patient care, research, and teaching. During these difficult times, the MGH was skillfully guided by its General Director, Dr. Charles A. Sanders, ably assisted by the Associate General Director, Mr. Lawrence E. Martin, and the Administrative Committee of the hospital. The lifting of price controls on hospitals resulted in the immediate necessity of raising salaries, which had been under strict federal controls for a number of months. Therefore, the 1974 budget exclusive of research reached an all-time high in the general hospital of $105,003,865, approximately 30 times the budget of 35 years ago when, under inflationary pressures of the second World War, it was $3,406,000. During 1974 the cost of heat, light, and telephone doubled. Steam purchased from the Boston Edison rose from approximately $1,000,000 to $2,000,000 in one year. At the same time, the increases in accounts receivable, the delay in collections from state and federal agencies, and the accelerated turnover and increased utilization of the hospital beds further taxed the sources of working capital (the general fund). The high interest rates on borrowings further depleted the Treasurer's income so that for the first time in the hospital's long history the Trustees had under consideration at the end of the year the floating of a bond issue.

In October the Trustees voted to increase room rates by $14.00 per day in the wards and by $16.00 per day in private rooms and to increase intensive care units to a ceiling of $385 per day.

Meanwhile the administration was seeking ways to economize without sacrificing any lifesaving services or compromising the high quality of patient care for which the hospital has an enviable reputation. As an example of these, the MGH Disability Income Protection plan for its employees was reviewed by the Trustees. The decision was reached and approved that the hospital become in essence a coinsurer with the John Hancock Mutual Life Insurance Co., the resultant savings in premium to be passed on immediately to the employees.

At the same time, to protect the future and to provide additional land for the needs of the hospital 10 to 50 years in the future, up to $1,100,000 was authorized for land acquisition in the remaining block immediately south of the Bulfinch lawn bounded by Cam-

bridge, North Anderson, Parkman, and Blossom Streets. Six parcels were acquired before the year-end leaving only two corner properties and the gasoline stations in other hands. The new properties were turned over to the Cambridge Street Community Development Corporation subject to a reconveyance agreement approved by the Trustees of the MGH on November 1.

Although economies seemed to be frustrated by increasing demands for space and patient-care demands for more modern equipment and facilities, the Trustees Planning and Building Committee and Dr. Sanders' Planning Board carefully reviewed every capital requirement before presenting any requests to the Trustees. However, the Trustees approved at its meeting on July 19 the application to the State Department of Public Health for a certificate of need for a new Ambulatory Care Center. Reactivation of planning for this center has taken place under Dr. Sanders' supervision as described in last year's report, and the studies were refined to the point where an acceptable certificate of need application could be submitted. At the August meeting of the Trustees, a certificate of need application was authorized for 8 new operating rooms and 40-45 recovery-room beds which completes the surgical operating-room suites originally planned in the Gray Building.

In June the Trustees authorized the partial completion of floors 5 and 6 in the Cox Center for pathology, medical, and surgical oncology at the cost of $2,497,294 and at the same time accepted the budget not to exceed $20,241,000 for the moving of the medical wards from the Bulfinch to the North Tower of the Gray Building and to renovate floors in the White Building.

The Warren Triennial Prize was awarded jointly to Peter D. Mitchell, Ph.D., Director of the Glynn Research Laboratories in Bodmin, Cornwall, England, and Dr. Efraim Racker, Albert Einstein Professor of Biochemistry and Molecular and Cell Biology, Cornell University, and they delivered their lectures in the Ether Dome on October 22nd.

The Annual Meeting of the Scientific Advisory Committee was held on December 13 and 14. A small dinner was given by the Trustees on Thursday night preceding the meetings, and a research colloquium was held on Friday at which Dr. Jerome Gross delivered a formal address entitled "Pains and Pleasures of an MGH Scientist."

On June 6 at a simple but impressive ceremony, the Dean of the Medical School and the General Director of the hospital jointly announced the activation of the Edward D. Churchill Professorship of Surgery at the MGH with Dr. W. Gerald Austen, the first incumbent of the Chair.

In July the Governor of the Commonwealth appointed Mr. Maurice Lazarus Trustee of the hospital. Mr. Lazarus, an active alumnus of Harvard, is Vice-Chairman of the Federated Department Stores and Chairman of the Board of Filene's. He attended his first meeting in August and was appointed to the Hospital Committee in September. He succeeded Sidney R. Rabb, a Trustee since 1958, who with Edward L. Bigelow, was elected Honorary Trustee at the Annual Meeting of the Corporation on Wednesday, February 6.

At the McLean Hospital a number of relatively new programs were completing their first or second years of operation. Simultaneously, others were in the initiation or early planning stage. All programs — the old, the new, and the relatively new — were subject to forces and trends affecting the hospital as a whole. Chief among these were financial pressures created by a highly inflationary period and clinical pressures resulting from increased admissions and more rapid turnover of patients.

The most significant and conspicuous of new programs at McLean is the Children's Center, which admitted its first inpatient on October 1. Its opening marked the culmination of many years of work on the part of many individuals in the hospital and outside. All involved can take pride in the clinical accomplishments outlined in the report of the Psychiatrist in Chief for its first year of operation.

Not surprisingly, the Center ended its first year with a deficit, but with solid accomplishments in providing excellence in patient care and in handling the major integrative tasks of bringing together toward that end wholly new resources.

The Center holds great promise not only for the treatment of children in need but also for the future of McLean.

Plans for the building of a Psychobiological Research Center continued moving forward. During the year, preliminary design plans prepared by the architectural firm of Shepley, Bulfinch, Richardson and Abbott were substantially completed and the fund-raising effort to raise the $4 million required for its construction continued. The Director and the Psychiatrist in Chief visited many potential donors and found remarkable interest and generosity in many quarters. At the end of the fiscal year, the McLean was still substantially short of its goal to convert this dream into a reality and to make possible a really comprehensive research program in the severe psychoses. Plans were underway for a research symposium on the "Biological Substrates of Mental Illness" for early the next year which would mark the kickoff of the official capital fund-raising campaign for the new Center.

Admissions to the adult and adolescent inpatient services numbered 939 for the fiscal year, reflecting a 30 percent increase over last year and a 90 percent increase over the prior year. The median length of stay was 44 days for the year just ended, compared with 54 days for the preceding year.

These statistics are indicative of many changes at McLean: increased effectiveness in evaluating and treating the very sick within shorter time periods; greater use of partial hospitalization and halfway houses as alternatives to inpatient care; more emphasis on short-term treatment methods; easier access to McLean; and better discharge planning.

The limitations in insurance coverage for psychiatric illness will continue to affect the length of hospitalization. In this inflationary period in particular, patients and their families as well as the hospital have felt the lack of adequate insurance coverage.

Arlington School, McLean's accredited high school, continued meriting its reputation for excellence in patient education. During the year, it was advised by the New England Association of Schools and Colleges that its initial three-year accreditation had been extended to ten years. Also, with the passage of a new Massachusetts law on special-needs children (Chapter 766), the school staff has been heavily engaged in collaborative efforts with many school systems. At year's end, Arlington School was fully approved under the new law, and the Psychoeducation Unit at the Children's Center was in the process of obtaining similar approval.

To increase its availability to key groups, the hospital administration has been holding biannual meetings for relatives of patients, and for staff and employees. The Director and Psychiatrist in Chief met with all staff and employees twice this year to discuss hospital plans and developments and to answer questions about the hospital and matters that affect them. Similarly, the Director and Psychiatrist in Chief held two meetings for patients' relatives. Here, recent hospital developments were briefly presented and the major part of the meeting turned over to questions and concerns of the families regarding the hospital, psychiatric illness, treatment methods and, indeed, whatever they wished to explore. These have been lively meetings which have been useful both to families and the hospital.

With the continuing effective administration of Dr. de Marneffe and his staff and so many others — Auxilians, volunteers, donors, and friends — McLean can look forward confidently to the many challenges which lie ahead.

The following appointments and retirements should be noted. On

August 1, Dr. Leon Eisenberg, Chief of the Department of Psychiatry, retired to accept the position of Senior Associate in Psychiatry at the Children's Hospital Medical Center. Dr. Thomas P. Hackett was appointed Acting Chief.

Dr. Herman M. Kalckar, Henry S. Wellcome Research Biochemist, reached the retirement age. He came to the MGH in 1960 as successor to Dr. Fritz Lipmann and continued his studies on molecular mechanism of transport phenomena using bacterial cell walls in laboratories built for him in the Jackson Tower. After he retires this program will continue in the Huntington Laboratories under his direction.

In March the Trustees appointed a joint committee of Trustees and staff to consider the continuation of the freestanding Basic Science Department at the MGH. With the addition of three Harvard Medical School representatives, it was designated an Ad Hoc Committee to select a successor to Dr. Herman M. Kalckar. The Trustees appointed hospital representatives to six other Ad Hoc Committees to consider a successor to Dr. Leon Eisenberg, Chief of Psychiatry; Dr. Howard Ulfelder, Chief of Gynecology at the Vincent Memorial Hospital; and promotions for Dr. John T. Potts, Dr. C. C. Wang, Dr. Henning Pontoppidan, and Dr. William Harris.

At the March meeting of the Trustees, Professor David Hubel was appointed to a three-year term on the Scientific Advisory Committee to succeed Dr. Baruj Benacerraf, and President Jerome Weisner of the Massachusetts Institute of Technology was chosen to succeed Dr. Hans Lukas-Teuber. Regrettably, the terms of Dr. Benacerraf and Dr. Teuber had expired. The two new members attended their first meeting in December.

At the May 10th Trustees Meeting, Dr. Robert T. McCluskey was appointed Chief of Pathology to succeed Dr. Benjamin Castleman, who had retired.

Mr. Phillips Ketchum's 90th birthday was observed by a resolution passed at the Hospital Committee Meeting on December 20 and was forwarded to Mr. Ketchum.

It is with a feeling of great sadness that we must report the deaths during the year of Mrs. Robert Homans, Dr. Wyland F. Leadbetter, and Dr. Varaztad H. Kazanjian.

Mrs. Homans was appointed a Trustee by Governor Saltonstall in 1944 and was reappointed annually by each succeeding governor until her retirement in 1960. Her effective and wise counsel contributed greatly to the deliberations of the Trustees during these many years of service.

Dr. Wyland F. Leadbetter served as Chief of Urology at the MGH from 1954 until his retirement in 1969, and just prior to his death he served as President of both the American Urological Association and the American Association of Genito-Urinary Surgeons. Through his published articles (which numbered more than 80) and his activity in professional organizations, Dr. Leadbetter gained an international reputation as a leading urologist. During his tenure, he was a Clinical Professor of Surgery at the Harvard Medical School.

The death of Dr. Varaztad H. Kazanjian should also be recorded. Although he was by many considered primarily a staff member of the Massachusetts Eye and Ear Infirmary, he headed the Plastic Clinic of both institutions for many years. He entered the Harvard Dental School in 1902 at the age of 23, and after a distinguished career in which he brought relief to thousands of patients with facial injuries and deformities, he entered the Harvard Medical School in 1921 and developed an active surgical practice. One of his many grateful patients established an endowment fund in his honor for the benefit of the Plastic Surgery Service of the MGH.

S. LANG MAKRAUER
MRS. R. MORTON CLAFLIN
For the Trustees

Report of the General Director

It is an honor to submit the annual report for 1974, my second full year as General Director. The major story and the major problem in the hospital industry for the year continued to be the economy. It became apparent that the national wage-price control program had failed utterly in its purpose of limiting inflation and rising unemployment. Accordingly, various sectors of the economy were removed from controls with the exception of the health industry. Thus, the hospitals were put in the unfavorable position of having to buy many supplies from unregulated sectors of the economy. Needless to say, this placed a great strain upon the ability of the hospital to remain fiscally viable because of its own inability to raise prices and thus keep up with the inflationary pressures. It was with no small sense of relief that we saw the wage and price control expire on April 30. The hospital was immediately put in the position of having to play "catch-up" with the rest of the economy, which had been increasing its prices steadily to keep up with the spiraling inflation. To meet these increasing costs and also to preserve the purchasing power of our workers in a steadily inflating economy, it was necessary to adjust our charges upward twice during the course of the year. The average room rate at the end of 1974 was $125 per day, and the annual operating budget was almost $125,000,000.

The fiscal problems were compounded by the continuing failure of the state to pay its Medicaid debt to the hospital, which ranged anywhere between $7,000,000 and $11,000,000. As might be expected, this created serious problems in our cash flow and necessitated borrowing substantial amounts to pay our bills.

Despite these serious financial problems, the hospital has continued its commitment to maintaining the highest possible standard of patient care. It has been necessary, of course, to make some difficult choices as to how we use our limited resources. This has been greatly facilitated by the establishment of the Resource Allocations Board under the direction of our new Associate General Director, Mr. Lawrence E. Martin. He, along with three other representatives from the Administration and five physicians, has been advising the General Director on a regular basis as to the need to establish new programs, expand old ones, modify or phase out activities which become of only marginal importance in the delivery of health care.

Similarly, with the increasing complexity in evaluating and administering the countless programs in the hospital, it has been necessary to

reorganize the Administration along newer and more modern programmatic lines. In accomplishing this goal, we have not only drawn upon our talented group of Department Heads and Supervisors, but have also been fortunate to attract a number of gifted young men and women to fill positions of special responsibility. It is my hope and expectation that as a result of this Administrative reorganization, the hospital will not only become more efficient and cost effective in its operations but will also become more sensitive and responsive in fulfilling its mission in an age of complex yet expensive technology in health-care delivery.

The cumulative occupancy of the hospital in the past year was nearly 90 percent, an amazing figure when one considers the natural and necessary dips in occupancy which occur over the weekends. Indeed, for the first time in our history, the Emergency Ward was forced to redirect emergency and police ambulances to other hospitals for a twelve-hour period in November of 1974, simply because there was not a single bed available anywhere in the hospital. It is of interest that the occupancy rate of all the Boston hospitals has been running at an extremely high level, raising the question of whether or not Boston is "overbedded" as many of our critics have been saying in the past several years. In any event, the high census compels us to look at ourselves in terms of what type of hospital we wish to be. We have always stated that we are not only a community hospital but a tertiary care hospital where specialty care of the most sophisticated type can be provided. While all would subscribe to these commitments qualitatively, it becomes more difficult when one examines the number of beds and staff committed to a particular specialty. Nonetheless, the Trustees have reaffirmed their commitment to maintaining the present bed capacity, and with the steadily increasing demand upon the hospital to provide services of all types, it is a necessity for us to address this difficult and complex problem. The question is not made any easier by the amazing statistic that almost 40 percent of the patients entering the hospital come through the Emergency Ward, clearly a source of patients over whom we have little control. As a result, it is possible that we may have to alter our longstanding policy of accepting any patient who comes to us in the Emergency Ward needing medical care. Circumstances may indeed dictate that some patients be transferred to other hospitals for their care, assuming of course that such a transfer could be carried out with appropriate safeguards. Obviously, these are questions and policies which cannot be evolved without the wisdom of the collective leadership of the hospital, but I would suggest that, based on the experience of 1974, these are the

problems which we must address as a hospital community within the next few years.

Some relief on the pressure for inpatient beds has been obtained by the development of the Surgical Day Care Center, where there are an increasing number of surgical procedures being carried out on an ambulatory basis. In years past, such procedures might have resulted in hospitalization of the patient for a short period of time, but with increasing experience and improved technology it has been found that simple procedures at least can be done effectively and safely on an ambulatory basis. The net result of this activity is a lower cost for the patient as well as a faster return to work in most instances.

There have been other important developments in the area of ambulatory care. As you may recall, in my first report I mentioned the formation of the Internal Medicine Associates, a group of young physicians involved in primary care who were assuming responsibility for the Medical Clinics complex and providing a single standard of care for all patients coming to the Outpatient Department. This group has been remarkably successful not only in terms of providing comprehensive care to people without complete ambulatory health care insurance but also in proving that ambulatory care can be carried out in the Outpatient Department on a fiscally sound basis. As a result of this experience, similar organizations are being formed in the Pediatric and Psychiatric Clinics and in all likelihood will be extended to all the specialties in the near future. Our neighborhood health centers in Charlestown and Chelsea continue to thrive, although in the absence of national health insurance or some other guaranteed source of income, these operations are not financially self-sustaining. However, it is clear that they are serving an important need in those communities, and as long as the hospital can sustain them through a variety of financing mechanisms, it will do so.

As yet, however, the ambulatory care program of the hospital as a whole is fragmented. Planning for an Ambulatory Care Center (ACC) has continued in the past year under the direction of Dr. Jerome Grossman, who has done an outstanding job in coordinating the various and often diverse elements of ambulatory care. A Certificate of Need has been submitted to the Department of Public Health for the center on August 31, 1974. As you will recall, the ACC will be the focus of all ambulatory care at the hospital, including not only the current clinic operations but also the private physicians based in the Warren Building and in other locations on or near the MGH campus. It is our hope and expectation that the Certificate of Need will be acted upon favorably within the year. The current plan calls for the

ACC to be located on the site of the Walcott and Moseley Buildings and connected directly into the White Building so that the inpatient specialties will be located immediately adjacent to their outpatient facilities.

Plans for the development of the MGH into a degree-granting institution for nursing and allied health sciences have continued in the past year. Mr. Richard Olsen has done an outstanding job in developing our petition to the Board of Higher Education for degree-granting authority in eight fields including: Nursing, Dietetics, Speech Pathology, Language Therapy, Social Work, Respiratory Therapy, Physical Therapy, and Radiologic Technology. It is the current plan to present this petition to the Board sometime in the spring of 1975, with the expectation that if acted upon favorably, such programs would begin in 1977 or 1978. The obvious advantages of obtaining degree-granting authority in these programs is that we legitimize, standardize, and professionalize activities which are already being carried on within the institution. Currently, only diplomas and certificates are being awarded in these individual activities which may or may not be transferrable to other states for licensure or to colleges for credits. Thus, awarding degrees in specific fields to candidates legitimizes their education in a way which has not been open to us heretofore and which would be a pioneering effort in the area of paramedical education. Such innovative efforts are characteristic of the MGH and will serve to maintain our role as a medical educator in areas other than the more traditional training of postgraduate physicians and medical students. It is to be emphasized that our efforts to become a degree-granting institution have the full support of both the Harvard University and Medical School, since the specific activities for which we are petitioning degree-granting authority are complementary to Harvard's educational endeavors and in no way conflict with them.

Considerable concern has been expressed in the past two years over the national policy in research funding. It had been feared that as a result of cutbacks in training grants and increased emphasis on categorical research (e.g., specific diseases such as cancer, heart disease, and stroke), the amount of money available for research would diminish; in particular, the commitment to basic research would be lessened. Fortunately, these fears have not been realized at the MGH to date. Our own research awards have continued at the same level as in previous years, although the original policy of phasing out clinical training grants has been implemented. However, such grants were not critical to research but rather to the specialty clinical training of young physicians. The funding of these young specialists has been

taken over by the hospital to the extent necessary to maintain continuity in specialty care to our patients.

Although there have been many important and exciting research discoveries in the past year, one is particularly worthy of mention. Drs. John Parrish, M. A. Pathak, Lewis Tanenbaum, and Thomas Fitzpatrick in the Department of Dermatology have discovered a means of controlling the severe skin disease, psoriasis. By use of combined therapy employing an orally administered agent (a psoralen) which enhances the turnover of cells within the skin, and a special spectrum of ultraviolet light at regular intervals (once or twice per week), the skin lesions of psoriasis can be completely controlled. Although the treatment is not a cure and does require repetitive therapy to control the disease, it nonetheless is a tremendous breakthrough for many people who have suffered the agonies and embarrassment of this disease. Furthermore, it appears that this type of approach may be useful in other forms of skin disease.

It is my pleasure to announce that the Cox Center for Cancer Management is nearing completion and I am confident that it will be a model of modern cancer therapy. Under the able leadership of Dr. Howard Ulfelder, its Administrative Director, the Radiation Medicine, Medical and Surgical Oncology Units are becoming organized into a single multi-disciplinary effort in treating the cancer patient. The building will be formally dedicated in May of 1975.

Also in the past year we have begun construction in the remaining empty floors (6-11) of the North Tower of the Gray Building. This project will provide for moving the medical beds from the Bulfinch Wards (housed there since 1821), improving the facilities of Urology, Neurology, and Neurosurgery. The expected completion date for the entire project is 1977.

Also, a Certificate of Need has been filed for new operating rooms and recovery rooms to replace some obsolete operating rooms currently located in the White Building and to upgrade our recovery room facility, which is lacking in both space and numbers of beds. With these new facilities, it is expected we will be able to provide better care and utilize our facilities in a more timely and effective way within the usual working day.

Thus 1974 has been an eventful year. The hospital has had to deal with the paradoxical situation of being called upon to contain its costs, provide the same sophisticated care expected of it, and yet live with a staggering rate of inflation. In some ways, the energy crisis has served to relieve the pressure on hospitals simply by taking them out of the public spotlight. In my view, this is advantageous, because it

creates a greater opportunity to plan effectively for national health insurance. In the early seventies, there was a great emotional tide sweeping us along to provide comprehensive health care without much thought being given to the cost or manpower requirements of such care. Decisions affecting the health industry have been made largely, if not entirely, on a political basis. Such decisions have been taken without any effective opposition or modification from the multiple components of the private health sector, which has been disorganized, distracted, or at best committed to protecting its own territory. Perhaps in this economic crisis we can define realistically the manpower and fiscal needs for improving the health care in our nation. I would seriously question whether we can staff or afford a huge all-embracing health-care system either now or in the near future. I do not oppose such an ideal; I only question its realism. On an incremental basis, however, we can do much by emphasizing primary care, training allied health personnel, improving public health education, and developing a rational process for *planning* health care delivery. Let us not legislate a comprehensive health entitlement provision which we cannot deliver on!

In the meantime, it is my belief that the MGH can continue its role of leadership in American medicine simply by being what it is and what it is currently committed to — excellent patient care in all areas of medicine, including primary care; teaching specialty medicine; educating allied health personnel; and fostering research ranging from the basic to the most applied. I would suggest that our main concern should not be with responding so much to outside pressures but with defining our strengths and commitments. Buffeted from all sides, I fear we may become too introverted and concerned with our own particular welfare. If we maintain excellence in all that we do, if we participate in the affairs which concern us to the extent that is feasible for us, and most importantly if we can articulate by word and by example what is right with American medicine, then I believe that we will be fulfilling the role of the national resource that we are.

CHARLES A. SANDERS, M.D.
General Director

Report of the General Executive Committee

The deliberations of the General Executive Committee for 1974 reflect the problems, activities, and changes of the hospital during an increasingly challenging era. Never have fiscal constraints or pressure of an overwhelming patient load been greater. A review of the year's GEC minutes suggests that there have been several developments which will have major impact upon the MGH.

The projected 1975 budget of $120 million is but one indication of the enormity of the problem of maintaining the hospital at a time when demands on beds and personnel have never been greater. Major administrative adjustments have been made to do this as efficiently and as effectively as possible. At the GEC retreat in September, the General Director explained the needs, as he perceived them, the immediate steps he had taken, and his ultimate goals in restructuring the administration: to apply modern systems to management and to free patient-care personnel from administrative duties and bottlenecks. The major administrative changes are: Mr. Lawrence Martin, Associate General Director; Mr. Joseph McCue, Director of Fiscal Affairs, assuming Mr. Martin's position as hospital Comptroller; Mr. DeLanson Hopkins, Director of Medical Support Services, a newly created position; Mr. Gilbert Nessolini, Director of General Services; and Ms. Isabella Tighe, Administrative Director of the Emergency Ward in addition to continuing as Head of the Office of Patient Care Representatives. Also, within the several major divisions, a number of positions were designed and filled by well-trained young administrators. Dr. Sanders also proposed that the GEC consider the establishment of a Resources Allocation Board, whose essential purpose is to involve the staff in on-going planning and decision-making functions of the hospital and to act in an advisory capacity to the General Director. The Board is composed of five senior medical staff members and four members of the administration, and is presently chaired by Mr. Martin. Finally, Mr. David Crockett, the incomparable Director of Development, retired from the position, which has been assumed by Mr. Joseph Donnelly, former Director of Development at Harvard Medical School. The GEC expressed its deep admiration of Mr. Crockett and its gratitude for his unique contributions to the hospital. Fortunately, as Deputy to the General Director, he will continue to help in his inimitable way.

An innovative GEC activity this year was the structuring of two all-day retreats to deal with several major topics without the constraint of

time of the usual weekly meeting. The first retreat was held at the Spee Club in Cambridge on March 30, and the second took place at the Academy of Arts and Sciences on September 21. Ambulatory care and the planned Ambulatory Care Center, allocation of resources by joint planning of administration and chiefs of service, the MGH as a degree-granting university, the present-day role of a chief of service, and the problems of reimbursement for consultative and collaborative patient-care services by the medical service were topics of discussion. The retreats were felt to have been helpful and worth continuing whenever there are appropriate subjects for such a forum.

Another extremely important matter brought to the GEC was a report of the Critical Care Subcommittee, presented by Drs. DeSanctis, Cassem, and Cullen, concerning the management of hopelessly ill patients. Their report, which was impressively lucid, sensitive, and complete, made five recommendations which were accepted with deep gratitude by the GEC.

Still another topic that occupied several GEC meetings was cardiac transplantation. The subject was impressively presented, primarily by Drs. Daggett, Cosimi, Russell, and Austen, as well as a number of others working in the cardiac and transplantation units. Although it was fully appreciated that no institution in the world has people better qualified than those at the MGH to perform such surgery, it was reluctantly recommended that clinical transplantation should not be undertaken at the present time. Continued research basic to cardiac transplantation was thought to be desirable.

Although it is impossible to recapitulate all the subjects that were noted and discussed by the GEC, some items should be mentioned. Reports of individual services, a practice begun the previous year, were continued. Orthopaedics, Neurosurgery, Psychiatry, Neurology, Nursing, Oral Surgery, Social Service, Radiology, Radiation Medicine, and Urology service reports were presented by the respective chiefs of service. Among other interesting reports heard by the GEC were those concerning the status of the Primary Care Residency program, the Chelsea Health Center, and progress in planning the Ambulatory Care Center.

Within the structure of its weekly agendas, the GEC deliberated a number of other important matters. Dr. John Burke presented a plan for a newly organized and improved Adult Burns service, utilizing recently developed MGH treatment modalities which have markedly improved morbidity and mortality figures for burn victims. He sought approval to fill a grave community need while limiting the unit's utilization to ten beds. The GEC heartily endorsed the establishment of

the Burns unit, despite concern about the demands it will make upon hospital personnel and services, because of the need for the facility.

Another major policy matter extensively discussed by the GEC was the problem of umlimited entry to hospital beds through the Emergency Ward. It was the consensus of the GEC, fully aware of the serious implications of its decision, that Dr. Wilkins, as Chief of the EW, have the power to deny house admission to patients not judged to warrant admission through the EW. This is a new hospital policy, established during the same year that there was extended debate about care of terminally ill patients in the EW. The importance of appropriate care of this group of patients was emphasized and guidelines approved for transmission to the house staff, through chiefs of service. In essence, it is recognized, in all EW situations, that inappropriate use of the area cannot be tolerated, but that patients in need of admission must be admitted and must be appropriately distributed throughout the hospital.

Dr. Benjamin Castleman retired as Chief of Pathology, after having served as Acting General Director, in addition to his other duties, following the resignation of Dr. John Knowles and until Dr. Sanders was appointed as General Director. His enormous contributions to the institution were noted by the GEC. His successor, Dr. Robert T. McCluskey, joined the GEC in July.

As Acting Chief of Psychiatry, Dr. Thomas Hackett became a new member of the GEC, replacing Dr. Leon Eisenberg, whose resignation became effective July 1. Upon relinquishing his service to move to the Children's Hospital Medical Center, Dr. Eisenberg was asked to share some of his thinking with the GEC, and he stressed his great pleasure at having been at the MGH and his admiration for the institution. His wisdom and perception indeed added much to the deliberations of the GEC while he was a member.

As always, a recapitulation of a year's activities, condensed as it must be, neglects to recount many important matters discussed by the GEC. Additionally, it prevents individual acknowledgment of the contributions of so many people to its functioning. A general word of thanks is offered in closing.

WALTER GURALNICK, D.M.D.
Chairman

Report of the Committee on Research

The business of the Committee on Research has continued at about the same level as last year. With the amount of external support for research at the hospital rising approximately one million dollars during the past year, the real purchasing power of our research support has decreased to some extent, as a result of continued inflation. The valuable General Research Support Grant from the Division of Research Resources of the National Institutes of Health was funded again this year, but it is uncertain that similar resources will be made available next year.

As in recent years, the Committee has functioned very effectively through a number of specialized subcommittees all ably supported by the Research Office under the constant attention of Drs. Ralph Meader and Edgar Taft. Brief mention will accordingly be made about the activities of each of these subcommittees.

Subcommittee on Human Studies: This group continues to win the respect of all in the hospital for the wise and balanced manner in which they carry out their important responsibilities. With new government regulations being promulgated constantly, they must be alert to the many sensitive issues which are inevitably involved with the sort of experimental programs which should be conducted in a large teaching hospital. This committee has remained, this year, under the effective chairmanship of Dr. Morton Swartz, who has been aided by several new members, including Mrs. Ann Witherby, who serves as our current "citizen representative" speaking for the community at large.

The *Subcommittee on Review of Research Proposals* is one of the hardest-working committees in the hospital. This year its members were called upon to review 260 of the nearly 500 proposals processed through the Research Office. This review mechanism is a most important part of the subcommittee's continuing advisory role to the service chiefs and department heads. The discussions are spirited and are important for all concerned. This year's chairman has been Dr. Robert Trelstad.

The *Subcommittee on Research Safety* has continued to perform a very valuable service for this institution. The intense use to which our facilities are put makes crowding and storage problems inevitable, so that the vigilance of this objective and fair-minded group, under the chairmanship of Dr. Bucknam McPeek, is much appreciated.

The *Subcommittee on Research Policy and Planning* has much to do. Under the new policy which calls for an evaluation of the research

potentials and opportunities afforded in the MGH setting in those fields in which new service chiefs are to be sought, this subcommittee has been busily engaged in such reviews in several fields. The results of their findings are made available by the Chairman, Dr. Kurt Isselbacher, to the General Director and to the joint Harvard-MGH *ad hoc* committees charged with the actual responsibility of selecting new chiefs in, for example, Gynecology or Psychiatry. This committee also reviews applications for large grants and interinstitutional collaborative grants prior to their being submitted to outside agencies with special attention to their impact on our institution. It is responsible for considering other major matters of research policy from time to time.

The *Subcommittee on Research Colloquia* has had a successful year. The evening colloquia continue to be well-attended and thoroughly felicitous occasions which are pleasant and stimulating moments in the busy life of the hospital. This year's offerings have included:

June 13, 1974 Dr. Michael Sela
"Some Molecular Approaches to Cellular Immunological Phenomena"

October 22, 1974 Dr. Carl F. Cori
"Sutherland and Cyclic AMP: the Anatomy of a Scientific Discovery"

December 13, 1974 Dr. Jerome Gross
"Growing Pains and Pleasures of an MGH Scientist"

At the meetings of the full Committee on Research, a number of interesting presentations have also been made for the general information of the research community. Drs. Dvorak, Malt, Moser, and Arnason have discussed their current research activities. Drs. Mudd, Vivona, and Stone have brought us up to date on activities supported by the Medical Foundation, the American Cancer Society, and the National Institutes of Health. Drs. Cywinski and Matthysse have discussed medical engineering and computer services to the research community.

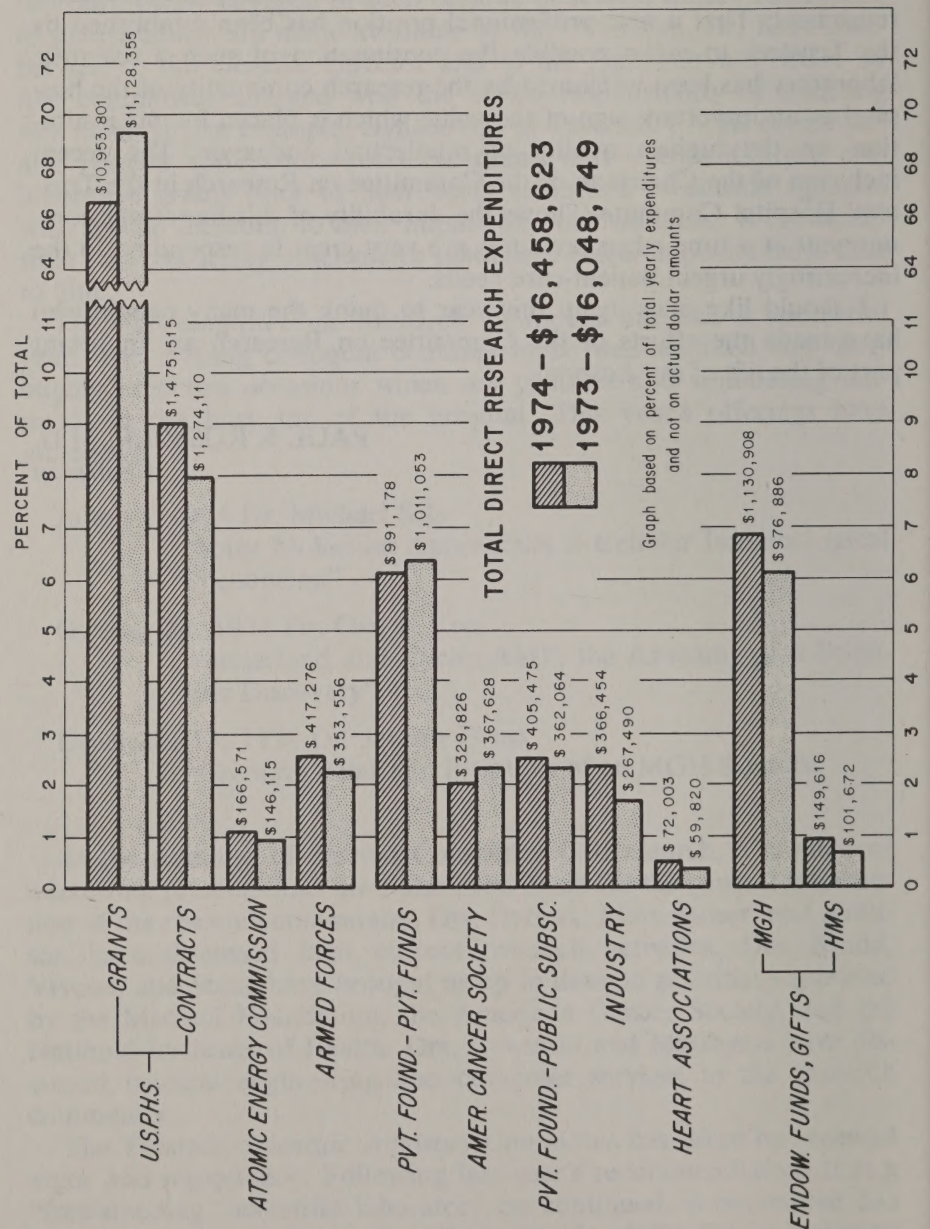
The Trustees' *Scientific Advisory Committee* has taken on renewed vigor and importance. Following last year's recommendations that a "free-standing" scientific laboratory be continued, a committee has been busily at work under the Chairmanship of Dr. Edgar Haber to

search for a successor to Dr. Herman Kalckar. The MGH is most fortunate that Dr. Kalckar has agreed to become a special member of the Huntington Laboratories and hence will be remaining here after his retirement. That a new professional position has been established by the Trustees to make possible the continuation of such a scientific laboratory has been welcomed by the research community of the hospital as an important sign of the value which is placed by our institution on the highest quality of intellectual endeavor. The recent inclusion of the Chairman of the Committee on Research in the Trustees' Hospital Committee shows the durability of this important commitment at a time when pressures are very great in responding to the increasingly urgent patient-care needs.

I should like once again this year to thank the many people who have made the efforts of the Committee on Research an important part of the life of our hospital.

PAUL S. RUSSELL, M.D.
Chairman

DIRECT RESEARCH EXPENDITURES FOR 1974



Report of the Medical Services

It is already 15 years since my predecessor stated with pride not untinged with concern that his Department of Medicine at the Massachusetts General Hospital was the largest department of Harvard University. Whether this is still the case I don't know, but since that time the Medical Services have continued to grow in size and in patient care, teaching, and research activities. A few numbers will be cited. As of November 1, 1974:

Total Professional Staff	338
Academic Full Time	62
Clinical Full Time	52
Part Time	56
Associate Status	24
Training Status	143
(Research Fellows 59)	
(Clinical Fellows 74)	
Visiting Status	1

This large staff has been responsible for 3,324 patients cared for on the Bulfinch general medicine service, 3,606 in the Baker, and 1,315 in the Phillips House. Thus, of the 30,786 total admission to all inpatients of the MGH, the Medical Services had primary responsibility for 27.3 percent.

With total general Medical ambulatory services taken over by a group practice, the Internal Medicine Associates (IMA), ambulatory practice has improved and increased. The Medical Clinics had a total of 68,925 visits during the year 10/1/73 through 9/30/74. This model, self-governing group practice which mixes its own private patients with the traditional medical clinics patients is flourishing. It is attracting very able graduates from our residency training program who wish to practice general primary medicine full time or perhaps with continued participation in teaching and consultative practice in one of the subspecialty units of the Medical Services. Included in the IMA membership are the key clinicians and teachers of all the hospital's facets toward the community. Thus the Chief of the Ambulatory Screening Clinic — the arm of our Emergency Ward which deals with the "walking wounded" — the staff of the Medical Clinics itself, and the Medical Services staff at the Bunker Hill and Chelsea Health Centers are all members of the IMA. As of July, 1975 there will be a staff person assigned to direct and supervise the Medical Services activities in the very busy Emergency Ward; he also will be a member of the IMA.

Through the IMA we thus have tied together the principals and most of the participants of the Medical Services who work in and are responsible for our far-flung ambulatory medical care activities. There remain, of course, a considerable devoted group of internists who practice in their own private offices in the Warren Building and in the Charles River Park area who continue to give unstintingly of their time and knowledge to participate in our many inpatient teaching activities.

The development of the IMA has permitted us to create an Adult Primary Care internship and residency track in which some 50 percent of the training experience occurs in our ambulatory facilities, which are well supervised by members of IMA who are eager to teach. A description of this training program in general primary adult medicine is available upon request. We are in the second year of this new program with two interns and two assistant residents. In July, 1975 the incoming class will be expanded to four so that a total of ten House Officers will be working in this new program. Although some other institutions are now establishing similar primary care training programs, we have pioneered in what is a very successful program that addresses itself directly toward the national need for more general internists in contrast to the high proportion of medical specialists which have come out of our traditional residency training program.

The Medical Services have been responding to the increased needs for the continuing education of physicians with an expansion of postgraduate courses. The major effort continues to be our monthly review of internal medicine, which has continued so successfully that the large attendance has necessitated a move to the Harvard Medical School for lack of adequate amphitheater facilities at the MGH. Also there are now Postgraduate Courses offered in Cardiology, Radioimmunoassay, Gastroenterology, Endocrinology, Emergency Medicine, Oncology, Infectious Diseases of Adults, Rheumatology and Metabolic Bone Disease, and Pulmonary Disease. These courses undoubtedly will increase. The rapid advances in medical technology and concerns regarding the continuing practice capabilities of physicians bring increased demands on university medical centers, such as ours, for such learning opportunities. Meantime, the MGH as a corporate enterprise is looking toward more efficient means of packaging and distributing the many educational activities which are almost continuously in progress within our walls in a manner which will help support the time and effort of the large faculty who are involved.

At the undergraduate level of the Harvard Medical students, the involvement of the Medical Services staff is very large in the school's

programs. Thus 60 students come to us for their initial clinical exposure in the Examination of the Patient. The principles of interrogation and examination are further polished in the Introduction to the Clinics for 59 students. The three-month Principal Medical Clerkship is given to four groups of students which totalled 88 HMS students this past year. In addition each of our 15 units of the Medical Services offers one-month clinical courses in its speciality or longer research opportunities to many students. With our staff providing the instructors for the Human Biology Course and other preclinical teaching in the first two years of the curriculum, a great deal of the teaching for Harvard Medical School and for the new Harvard-MIT School of Health Sciences is done by our Medical Services Staff.

In spite of the tightening of federal support of research, an increase in research funds has flowed in to support the large research efforts of the Medical Services. The productivity of these efforts remains high. This aspect of the Medical Services activities is well chronicled in the annual report from the Committee on Research, and the interested individual is referred to this publication.

In its far-flung activities the Medical Services in 1974 continued to serve the many clinical, teaching, and research commitments of the Massachusetts General Hospital in a responsible and effective manner.

ALEXANDER LEAF, M.D.
Chief of Medical Services

Report of the Board of Managers of the Medical Clinics Complex

The Medical Clinics Complex continues its growth and the examination of problems of practice outside the hospital. This practice (Internal Medicine Associates group practice, Ambulatory Screening Clinic, and Medical Specialty Clinics) grew some 7.46 percent from 64,140 visits (1972-73) to 68,925 visits (1973-74). Visits, however, no longer indicate total patient contacts since the practice maintains a 24-hour telephone coverage that is heavily used. Perhaps the most interesting feature of the 30,747 visits to the IMA group practice is their distribution to different members of the health-care team. Nurse practitioner visits totaled 4,922, nearly 17.3 percent of the 28,500 physician visits; visits to Harvard Medical students and their instructors were 1,038, while those to the social service staff and dietitians were 2,247 and 2,732 respectively. The rise in nurse practitioner visits from 2,450 in 1972 to the present 4,922 reflects a greater appreciation of the skills of nurse practitioners by both full-time and training staff. Moreover, there is a growing recognition that visits to doctor and also to nurse practitioners may be the preferred mode of care for many patients with chronic illness. Continued expansion of nurse practitioner work requires a rethinking of the tasks done by nurses and those by other health workers in practice management. A task force organized by Dr. Jerome Grossman and Ms. Mary MacDonald, R.N., will review this problem in 1975.

While trainees and students have been the major staff of hospital-based practices and "OPDs," the IMA group practice now has a different mix. Visits to the 32 house staff combined with those to Harvard Medical students were 6,260 while visits to the thirteen full-time staff were 22,240. Average visits to full-time physicians for a half-day session were eight. Thus a physician working five office sessions per week would average 40 office visits. Studies of internists' work report similar figures. Training physicians, of course, examine fewer patients. The average visits to house staff for a half-day session were four. In order for trainees to help meet the costs of their own salaries and office overheads in the practice, five visits per session are needed.

Among several medical specialties, the first to combine personal and clinic practices was the Endocrine Associates. Organized in the fall of 1974, this group-practice staff consists of Drs. Bernard Kliman, Ann Forbes, Robert Neer, clinical fellows, students, and the supporting staff of Mrs. Priscilla Merrill, Barbara Dorft, R.N., and Clovina Goodman, T.A. The Oncology Unit will be the next group practice

to organize with the opening of the Cox Center. As space becomes available, hopefully more specialties will form such teaching group practices.

Looking ahead, problems in patient care, professional organization, and training continue. Thus the demand for ambulatory care, whether generated by the patient, physician, or nurse, is not yet optimally managed. At the Ambulatory Screening Clinic walk-in service Dr. Richard Pingere, its director, and Ms. Martha Langlois, head nurse, are working on this problem, using nurse practitioners. In the IMA, protocols for triage for the steadily rising requests for care are under development by Dr. Steven Levisohn and Dr. Joseph Gardella. In professional organization a new look is being given to financing continuing education. The public demand for improved quality of professional care through re-examination and recertification will require new arrangements for "keeping up" with medical practice. Time off for study will be needed rather than the informal learning through hospital-group practice associations. The study time for recertification should, as quality assurance, be properly financed out of receipts from patient care. Work, in turn, needs to be organized so that clinicians may have periodic study leaves. Similar issues will no doubt involve nursing practice.

While the practice facility and amenities have improved, space remains limited and more demands are made on it. The expanding training program in primary care will require more facilities as will the proposed integration of the medical house staff with IMA teams. In addition to the proposed integration inside the practice, another has begun outside. The medical staff of the Bunker Hill Health Center has been made part of the IMA. This linkage has provided the opportunity to develop new relationships. Under Dr. Roger Sweet's direction, medical staff from the IMA practice will make rounds on ambulatory patients at the Chelsea Health Center. This is a beginning in making health centers teaching group practices, new sites not only for primary care but also for clinical education and training.

JOHN D. STOECKLE, M.D.
JAMES DINEEN, M.D.
SHARON FOLLAYTTAR, R.N.
FRED JONES
LAWRENCE WOOD, M.D.

Report of the Clinics

The Clinics of the Massachusetts General Hospital have been in the process of change and modification of considerable administrative and organizational significance since October, 1969. At that date, the Clinics of the Massachusetts Eye & Ear Infirmary separated administratively from those of the Massachusetts General Hospital, although patients were admitted via the same entrance, with the same unit number maintained, allowing the care provided to the patients by the two hospitals and their clinics to be recorded in the same patient record.

In October, 1972 the Clinics of the Medical Services (except for Allergy and Thyroid) became administratively autonomous from the Clinics of the whole. Within this reorganized Medical Clinics Complex a variety of changes were programmed and implemented. A group practice known as the Internal Medicine Associates came into being; a Primary Care Unit was developed wherein House Officers in the newly organized Primary Care internship practiced under the preceptorship of appointed visiting staff physicians; the role of the clinic nurses, which had been in gradual but steady evolution since 1960, was expanded into a more complete direct patient-care service; the former modest Admitting Physician unit became the considerably expanded Ambulatory Screening Clinic, operating approximately fifteen hours a day Monday through Friday, and eight hours a day Saturday and Sunday, and in close working relationship with the Emergency Ward. The administrative management of this complex was assumed by a Board of Managers consisting of the Clinics Chief, several physicians of the Internal Medicine Associates, a nurse clinician, and a Business Manager. The overall Nursing Supervision of nursing personnel was maintained by the same Assistant Director of the Department of Nursing as had held that responsibility in previous times.

In July, 1974 two other units within the Clinics became administratively autonomous. They are the clinics comprising the pediatrics general clinic, all pediatric specialty clinics, and the newly formed Pediatric Episodic Care Unit, which is physically located within the Emergency Ward complex; and the group practice unit of the Adult Psychiatry Clinics. The pediatrics group is now known as the Pediatric Ambulatory Center under the leadership of a new Chief and Associate and again managed by an Executive Committee made up of Chief, Physicians, Nurse, and Business Manager. Many changes in practice patterns, a physical restructuring of plant, and other innovations in pediatric ambulatory care are programmed over the next two

years. Again, the nurses assigned to the clinic remain under the clinical supervision of the same Assistant Director of Nursing. The General Psychiatric Practice began its autonomous operation in July, 1974 as a small group practice in Psychiatry. It is planned that the total adult psychiatric clinic operation will become administratively autonomous by July, 1975, again with an Executive Committee or Board of Managers with a makeup not unlike those described above.

Other similar and different experimentations in administrative autonomy are in prospect in other clinics and complexes of clinics. Purposes are to allow for: experimentation with new modes of ambulatory care, variation in professional staffing patterns, modification of individual clinic cost accounting, charging patterns, and fiscal accountability, and development of other innovations in anticipation of the new Ambulatory Care Center, which has been in active planning since January, 1974, under the direction of Dr. Jerome Grossman.

The same Admitting and Business Offices continue to serve all clinics. All professional nurses and nursing support staffs remain members of the Department of Nursing. Utilization Review, Committee on Clinics, and Nursing Audit Activities are conducted for the Clinics of the whole. To the extent possible, consonance in regard to general hospital policies application and maintenance of cohesion in the entire operation are maintained by the same Executive Officer of the Clinics, R.M. Farrisey.

The work of the planning committees for the new Ambulatory Care Center will be much expanded in the upcoming year under Dr. Grossman's direction.

RUTH M. FARRISEY
Clinics Executive Officer

JEROME GROSSMAN, M.D.
Director of Ambulatory Care Planning

Report of the Surgical Services

During the year of 1974, the patterns of growth and change of the previous few years have continued in the Surgical Services.

Our undergraduate teaching program has undergone significant improvement. Dr. John D. Constable directs an introductory course to clinical procedure; Dr. Charles E. Huggins, one in physical diagnosis; Dr. Chiu-an Wang, one in aseptic techniques; and Dr. J. Gordon Scannell, one in the "Core Clinical Clerkship in Surgery." Particularly in the last there have been important revisions, and these have elicited a very favorable response from the students. I hope that ultimately the Harvard Curriculum Committee will approve a 12-week rotation for the Core Clerkship. While exposure to surgical principles is adequate under the eight-week course now required at Harvard Medical School, I feel that in a period of 12 weeks a more balanced surgical course could be achieved.

The postgraduate residency program is directed by Dr. Leslie W. Ottinger, and Dr. William M. Abbott assists him in counseling the residents. We take pride in the quality of the young men and women who are accepted each year from the many candidates. Of the 14 first-year residents in 1974, five came from Harvard University, two from Columbia University, and one each from the University of Illinois, the University of Nebraska, the University of Virginia, Washington University, Cornell University, Loyola University, and the College of Medicine and Dentistry of New Jersey.

Specialized programs in plastic, cardiac, and thoracic surgery sponsored by the General Surgical Services have made greater flexibility possible in the training program for surgical residents. At the end of 1974, the Thoracic Surgical Unit completed its first two and a half years. This service, which provides care for private general thoracic surgical patients, is under the direction of Dr. Hermes C. Grillo. In its second year of operation, approximately 350 operative and 400 endoscopic procedures were performed by members of the service. The thoracic visiting staff were also responsible for the supervision of about 100 other thoracic operative procedures on the East and West Surgical Services. Liaison with the Department of Anesthesia has been excellent both in intraoperative management of patients and in their postoperative care in the Respiratory Unit. Nursing care on Baker 10 where most thoracic patients have been concentrated has improved further. The active teaching program has continued with thoracic surgical seminars on a wide variety of topics and a highly profitable

session in thoracic pathology in association with the medical pulmonary unit.

The Thoracic Surgical Unit is currently preparing a proposal in conjunction with the Cardiac Surgical Unit for a specialized residency program which will lead to eligibility for examination by the American Board of Thoracic Surgery. This change has been necessitated by the Board's decision no longer to accept candidates from mixed programs, but it is likely to be beneficial in effecting greater continuity in the training of residents and the care of patients.

Undesignated general surgical patients have continued to be centralized on White 6 and 7, and the number treated in this area is high. The house staff is supervised here by a large number of the visiting staff, and this participation by the visiting staff has increased considerably. In the interest of making the exchange of information relating to the patient's condition easier, we have been seeking ways to improve communication between the family, the referring physician, the residents, and the visiting staff; additional secretarial help has been invaluable.

The burns services at the Massachusetts General Hospital and the Shriners Burns Institute began an additional cooperative effort on July 1, 1974, as the first Burns Trauma Center under a three-year grant from the National Institutes of Health's Institute of General Medical Sciences. In six separate but coordinated projects, the Center is studying burns in the areas of lung damage, wound healing, and metabolic disturbances. The study of postburn pain will be a future project at the Center. At the Massachusetts General Hospital, adult patients with severe burns are treated on White 12. The burns service is under the direction of Dr. John F. Burke. Other members of the staff include Dr. William C. Quinby, Dr. Glenn E. Behringer, Dr. John M. Head, and Dr. Conrado C. Bondoc. Residents and clinical and research fellows assist in patient care under the teaching program.

The operating rooms in the Gray and in the White buildings are maximally utilized. Additional rooms in the Baker building have helped meet increased demands, being utilized for the Surgical Day Care Center. More operating rooms and an increase in recovery room capacity are planned in the main operating suite. It is hoped that additional intensive care facilities will also be forthcoming.

Renovations completed in the Emergency Ward last year have made better patient care possible for all services. The Emergency Ward continues its excellent work under the direction of Dr. Earle W. Wilkins.

The Cox Center opens in 1975, and the Tumor Clinic will move

soon to its new location. The objective at this center for research will be to provide an integrated program of combined modalities of cancer therapy based on the biology of a given tumor rather than on the limits of a surgical or medical specialty. There will be outpatient but no bed or operating facilities. Dr. William C. Wood will join the staff as of January 1, 1975, and will have a major commitment to surgical research with a focus on the body's immunologic response to cancer and on the development of new diagnostic and therapeutic measures which will be based on our growing understanding of this immune response. With Dr. John W. Raker and others, he will have an interest in the Tumor Clinic. We plan for one additional young individual to join the surgical cancer effort shortly.

At the postdoctoral level, the Surgical Services in conjunction with Harvard Medical School now offer courses in general surgery, gastrointestinal surgery, cancer, cardiac surgery, trauma, thoracic surgery, and hyperalimentation. These courses are always well subscribed. In another phase of the teaching program, 35 graduate students have worked with members of the staff during 1974 as clinical and research fellows.

Dr. A. John Erdmann, III joined the staff this past year. He is specializing in research in cardiac physiology. Dr. Patricia K. Donahoe also joined the staff in pediatric surgery with a special interest in cell regeneration.

The hospital may be proud of the recognition which our staff members have received nationally for their accomplishments. Dr. Claude E. Welch completed his term in October 1974 as President of the American College of Surgeons and Dr. Gordon A. Donaldson again served as a governor of the College. Dr. Grant V. Rodkey was elected President of Massachusetts Blue Shield. Dr. John F. Burke has recently been elected Secretary of the Boston Surgical Society. Many of our staff serve on NIH Study Sections.

I would again like to express my gratitude to the Surgical Staff, the Surgical Resident Staff, the other services at the Massachusetts General Hospital, and the Administration for their cooperation and support throughout 1974.

W. GERALD AUSTEN, M. D.
Chief of the Surgical Services

Report of the Children's Service (Burnham Division for Children)

This has been another busy and productive year for the Children's Service. It has been particularly gratifying to observe that in contrast to national trends, our service has continued to exhibit a healthy growth in its inpatient and outpatient caretaking activities. As a consequence of an 8 percent increase in inpatient days, which reached 27,205 in 1973-74, the Burnham floors have been almost full or filled to overflowing almost all year long. Likewise, our regular pediatric ambulatory visits have increased 14 percent. Additional children have been seen at approximately 2,500 visits per year since the opening of a new pediatric walk-in clinic in August of 1974. This had as one of its purposes diverting from the more hectic pediatric emergency ward facility children with relatively minor episodic illness. This hope is being realized. Even so, our emergency ward load continues to increase yearly. While the Bunker Hill Health Center child caretaking activities are remaining steady, those at the MGH-Chelsea Health Center are 75 percent more numerous that they were last year.

We are pleased to report that our senior staff had remained intact during the past year. Moreover, the Service has been benefitting increasingly from its collaborative arrangements with the Surgical, Anesthesia, Neurology, and Psychiatry Services. It is particularly gratifying that the accomplishments of the Chief of the Pediatric Surgical Unit, Dr. W. Hardy Hendren, has been recognized by his promotion to full Professor of Surgery at Harvard.

Dr. Allan Goldblatt's Pediatric Cardiology Unit has also been strengthened greatly by the addition of Dr. Richard Liberthson who completed a period of advanced cardiology training under the direction of Drs. Haber and Goldblatt on July 1, 1974. As of the same date, Dr. Eugene Tompkins was named Acting Director of Dr. Mary Louise Scholl's Pediatric Learning Disabilities Unit during the period while she is away on sabbatical leave. Meanwhile, Dr. Ira Lott has been added to the increasingly substantial group of physicians who are board qualified both in pediatrics and in neurology. Dr. Geraldine Feldman also has joined our part-time staff as a pediatrician with subspecialty expertise in immunology and allergy. We also are pleased to have as a member of our staff Herbert Boerstling who serves among other things as a link between our Service here at the MGH and the Cambridge branch of the Harvard Community Health Plan. Dr. David Walton, who has to his credit the exceptional qualifications of being board certified in both pediatrics and ophthalmology, com-

prises the latest, very welcome addition to our full and part-time staff roster.

The appointment of Drs. Benz and Cohen mark the beginning of a major effort to upgrade and update our ambulatory caretaking, teaching, and research activities to the point where they are truly competitive with our now substantial inpatient service. We are pleased to be able to report that in less than a year, this unit has made great strides. Concerning these, Dr. Benz reports that "One of the main initial objectives of our new operation is to improve patient convenience. We have found that registering our patients on site and having all the visits taped, typed, and kept in the ambulatory area has been a great time saver, especially when a patient appears unexpectedly. We have also been successful in decreasing the no-show rate by instituting a system whereby each patient is called to remind him of his visit and to explain the mechanics of being seen so that all goes as smoothly as possible on the day of his appointment. It is our feeling that a group practice in the ambulatory area has been enthusiastically supported by the patients. They are very much in favor of being able to see the same doctor more than once and being seen on an appointment basis. In addition, the Pediatric Walk-In Unit has received overwhelming support from our house staff who work in the Emergency Ward Area. There has been increasing demand for walk-in service from the patients; we have noticed a four-fold increase in this area since it has opened. In this respect also we are looking forward to building the first modules to house our group practicing physicians. This initial reconstruction will house general pediatrics, pediatric gastroenterology, pediatric renal disease, pediatric respiratory disease, allergy and immunology; other subspecialty units will be included with the second phase. It is planned also to build a four-bed ambulatory unit which hopefully will relieve the bed shortage on the inpatient service by making it possible to carry out on an ambulatory basis many of the procedures which now require an admission as an inpatient.

During this past year we have also added, as part of our Pediatric Intensive Care Unit, the Children's Service Respiratory Laboratory which is located on Tilton 1. This laboratory, under the direction of Dr. Daniel Shannon, has been set up for the evaluation of infants with failure of respiratory control and to investigate the cause of sudden infant death. Over 80 infants have been evaluated during the past year including normal controls, and a population of infants with cessation of breathing during sleep has been identified. These infants have been maintained at home with the use of electronic monitoring until their mechanisms have matured.

Dr. Allan Walker, Head of our Pediatric Gastroenterology Unit, has been awarded a five-year Career Development Award through the National Institute of Arthritis, Metabolism and Digestive Diseases. As reported previously, the Children's Service has been able to inaugurate through Dr. Walker a Pediatric Gastroenterology Unit designed to function autonomously but in close collaboration with Dr. Isselbacher's Adult Gastrointestinal Unit. The success of this program reaffirms our belief that this kind of arrangement is thoroughly worth cultivation in respect to all disciplines of mutual interest to pediatricians and internists.

Because of the city-wide network of neighborhood health centers, Dr. Philip Porter, Chief of our Pediatric Unit at the Cambridge Hospital, has been awarded a $700,000 grant for one year from the United States Department of Agriculture — a food supplement program for young children and pregnant women in Cambridge. Dr. Porter's program continues to be regarded highly by our residents as a source of training and experience in inner-city community pediatrics.

The Pediatric Postgraduate Courses given here at the MGH under the leadership of Dr. Thomas Peebles are continuing to attract more participants. In addition to Pediatrics 1, the five-day course in general pediatrics held annually in May, and Pediatrics 1A, the course of individual graduate instruction offered by special arrangement throughout the year, the Children's Service in 1974 initiated a series of short subspecialty pediatric courses in conjunction with the general course. These programs were scheduled on the preceding and succeeding weekends and varied from one to two and one-half days in duration, affording the opportunity for participants in the general course or other pediatricians, particularly in the New England area, who wished to pursue just a single subspecialty area in depth, to do so conveniently. The success of this innovation in programming has warranted offering these courses again in 1975 with further refinement in scheduling to allow a more coordinated effort for faculty and participants. All of these courses were conducted under the auspices of the Department of Continuing Education at the Harvard Medical School. As a measure of the increasing interest and demand for these courses, the total enrollment is now approaching 300. The Children's Service has also continued to provide programs of education for practicing physicians in community hospitals as an ongoing effort, and most of the staff has been involved with these programs again this year.

In an effort to represent in our weekly Children's Service Grand Rounds the reality that pediatrics is a biosocial discipline, we decided to institute on a trial basis a new series under the title, "Total Patient

Care Grand Rounds." Planned and advertised well in advance to our own professional staff and other potentially interested physicians, these rounds have been concerned with many of the same diseases that we have been discussing in prior years. They have differed, however, in focusing in a biosocially comprehensive manner on the problems posed by a specific patient as a person with a problem. To ensure that both the biologic and the socio-behavioral components of the problems be dealt with equally thoughtfully, we have called in experts in other disciplines as necessary. While it is too soon to draw final conclusions, it has been heartening to observe that attendance at these sessions has approximately trebled to a now well-sustained average level of about ninety persons per session. Moreover, they are more heavily weighted with members of our own house staff, full-time senior staff, and pediatric practitioners from the New England area.

The research activities of the department will be reported in the forthcoming annual MGH Research Booklet.

NATHAN B. TALBOT, M.D.,
Chief, Children's Service

Report of the Department of Pathology

1974 was a year of change in the Department of Pathology. Dr. Castleman retired on June 30 after 43 years of continuous service on the hospital staff, beginning as an intern in pathology in 1931 on graduation from Yale Medical School. For the past 23 years he served as Chief of the Department. His unique qualities in diagnostic pathology have been recognized nationally and internationally. His outstanding abilities as a lecturer and as the editor of the Case Records of the Massachusetts General Hospital are also widely known. We are fortunate that Dr. Castleman will continue his association with the hospital in a special advisory capacity to the General Director.

Plans for Renovation

Although I was appointed Chief of the Department in July 1974, I was obliged to share my time with the Children's Hospital until January 1975. I spent this period in large part on planning for expansion and reorganization of the department. Recognizing the pressing need for increased space for service and research, the administration has assigned to the department additional space in the Warren Building, as well as the 5th and the 8th floors of the Cox Center. Extensive renovation of the departmental space in the Warren Building is being planned to provide more adequate facilities for service and residency training. This planning, which is not yet complete, has required considerable time and effort from several members of the department, in particular Drs. Vickery, Scully, and Galdabini.

The space in the Cox Center will be used principally for research laboratories and supporting animal facilities, most of which are presently housed in the Warren Building, but will also include electron microscopic and immuno-fluorescence units, which will serve both diagnostic and research purposes. The planning of this area has been carried out under the direction of Dr. Harold Dvorak, assisted by Drs. Bhan, Ann Dvorak, Hammond, and Mihm. We hope these facilities will be completed early in 1976.

Changes in Staff

During the year Dr. Alan Schiller and Dr. Eugene Mark completed their periods of duty with the Armed Forces and have been welcomed back to the department. Dr. Jane Lingeman and Dr. Wanda Szyfelbein have joined the departmental staff as well. It is with regret that I must note that Dr. Gerald Nash has resigned to accept an appointment at the University of Southern California Medical Center in Los Angeles.

Diagnostic Services

The patient-care-related activities of the department have continued to grow during the past several years. Between 1969 and 1974 the number of surgical specimens increased from about 17,000 to 23,000. In the same period the number of exfoliative cytologic specimens rose from fewer than 20,000 to more than 25,000. The urgent need for a staff cytopathologist to assist Dr. Priscilla Taft was relieved by the appointment of Dr. Wanda Szyfelbein. There has been an almost twofold increase in procedures performed in the cytogenetic laboratory. This diagnostic cytogenetic laboratory is the largest in the country. Dr. Leonard Atkins, director of the unit, has introduced recently developed techniques that make possible positive identification of all the chromosomes, thus greatly increasing the diagnostic usefulness of cytogenetic examinations.

To increase our diagnostic capabilities and our understanding of disease processes, we plan to expand the use of immunofluorescence, histochemistry, and electronmicroscopy in the study of surgical pathology specimens. We are fortunate in having persuaded Dr. Ann Dvorak to join our staff (in September, 1975) to direct the electronmicroscopy unit of the department. Dr. Alan Schiller, with the guidance of Dr. Walter Putschar, is planning a special bone laboratory in which it will be possible to study quantitative and qualitative aspects of metabolic bone disease and evaluate the topography of tumors and joint diseases in large sections. The dermatopathology service, under the direction of Dr. Martin Mihm, will continue to expand its utilization of one-micron-thick sections and immunofluorescence in the study of such diverse conditions as allergic cutaneous vasculitis, dermatitis hepetiformis, and malignant melanomas.

Autopsy Service

The number of autopsies has decreased slightly in recent years, principally as the result of fewer inpatient deaths, with the rate remaining about 60%. Dr. Gene Mark has taken over the supervision of the autopsy service and has already made commendable progress in establishing more effective communication with clinical groups and in providing more effective training for the pathology house staff.

House Staff Training

A major change in house staff training has been the beginning of a more formal, structured program in clinical pathology, the major components of which are bacteriology, blood banking, clinical chemistry and hematology. We are grateful to Drs. William Beck, Law-

rence Kunz, Charles Huggins, and Sidney Rieder for their active support of this program.

Research Activities

Investigations conducted by Dr. Harold Dvorak in collaboration with Drs. Martin Mihm and Ann Dvorak have shown that delayed hypersensitivity reactions, as they occur in man, are much more complex events than was formerly thought. In addition to the perivascular mononuclear cell infiltrates of classic descriptions, delayed reactions are characterized by a number of important other features, including infiltration and piecemeal degranulation of basophilic leukocytes; increased vascular permeability leading to dermal and epidermal edema, microvascular alterations affecting endothelial cells and pericytes with compromise of vessels lumina; and activation of clotting system with deposition of fibrin in a characteristic, intervascular pattern in the reticular dermis. In related studies with Dr. Robert Colvin it was shown that basophils comprise of a small, but significant, component in renal allograft rejection episodes in man. Dr. McCully has continued his studies of the relation of homocysteine metabolism to the initiation of arteriosclerosis, the action of growth hormone, and the control of growth of malignant neoplasms — all in experimental animals. Studies of clear cell adenocarcinoma of the vagina appearing in individuals exposed to stilbesterol in utero occupy much of the research effort of Dr. Scully and Dr. Robboy, carried out in collaboration with Dr. Herbst. The Registry of Clear Cell Adenocarcinoma now has more than 240 cases. Details of the metabolism of the parathyroids and the sites of action of parathyroid hormone have been clarified by Dr. Roth. Dr. Trelstad has continued his studies on the isolation and characterization of several varieties of collagen and of their possible role in morphogenesis. In pursuing his investigations in the field of cardiac pathology, Dr. Caulfield has proposed a new mechanism for unstable angina. Dr. Daly is continuing his investigations on bladder cancer in collaboration with Dr. George Prout and has found that highly malignant lesions are characterized by markedly abnormal LDH isozyme profiles. In other studies he has obtained evidence that when low grade non-invasive bladder tumors are associated with atypical changes in the neighboring mucosa, there is an increased danger that invasive cancer will subsequently develop. Dr. Galdabini, in collaboration with Dr. Stanley Baum, has succeeded in identifying the nature of vascular malformations in angiodysplasia. This newly recognized condition, which affects the cecum and ascending colon, is a cause of occult bleeding. By correlation of angio-

graphic and pathologic findings the lesions were shown to be mucosal A-V shunts. Dr. Vickery is continuing his studies on the clinical and pathologic features of papillary and follicular carcinoma of the thyroid.

We will be happy to see the completion of the new research facilities in the Cox Center. This will permit expansion of ongoing projects and the introduction of new programs, including those in my own area of special interest, immunopathogenic mechanisms in renal disease and aspects of cell mediated reactions. I look forward to collaborating with various members of the staff, including Drs. Ann Dvorak and Harold Dvorak, Martin Mihm, Trelstad, and two new members — Dr. Robert Colvin, who is returning from the army in the fall, and Dr. Atul Bhan, who has been closely associated with me at the Children's Hospital.

Teaching and Related Activities

Most members of the department staff contribute to the teaching of Harvard medical students at the Quadrangle, either in the general pathology course or in one or more of the sections devoted to the presentation of organ systems. Several staff members also are actively engaged in the Harvard-MIT Program in Health Sciences and Technology.

Under the direction of Dr. Scully, the department has again conducted a highly acclaimed post graduate course in endocrine pathology. In June 1974, Dr. E. P. Richardson, President of the American Association of Neuropathologists, gave the presidential address, which dealt with the concept of Schilder's disease.

Case Records of the MGH

The retirement of Dr. Castleman resulted in a major void in the conduct of the CPC's. Despite an unusually busy schedule, Dr. Scully has agreed to take over as Editor of the Cabot Case Records. He is ably assisted in his editorial work by Mrs. Betty McNeely and more recently by Dr. James Galdabini. We hope to be able to continue these weekly exercises, which are so highly regarded throughout the world, despite the heavy burden this places on the department.

Concluding remarks

I should like to thank the members of the Department of Pathology and of the Administration, in particular Dr. Sanders and Mr. Hopkins, whose help has made the transition from the Children's Hospital less difficult than it might otherwise have been. Finally, I should like

to express my appreciation to three individuals who served faithfully at the CHMC and who have joined our group at the MGH; Miss Mary Lahey, Executive Secretary; Miss Margaret (Nadja) McGah, Secretary; and Mr. Bernie Collins, who will supervise the immunofluorescence laboratory.

ROBERT T. McCLUSKEY, M. D.
Chief, Department of Pathology

Report of the Department of Psychiatry

INTRODUCTION

During 1974, the Department of Psychiatry underwent several administrative changes which are expected to have far-reaching effects on the future of the department.

1. Dr. Thomas P. Hackett became the Acting Chairman of the Department of Psychiatry following the resignation of Dr. Leon Eisenberg.

2. Dr. Norman R. Bernstein became the Acting Chief of Child Psychiatry following the resignation of Dr. John T. Lamont.

3. The Psychiatry clinics began a major reorganization with the ultimate goal of becoming a group practice patterned after the Internal Medicine Associates.

The ultimate consequences of these changes were given purpose and direction through the development of a five-year plan which was formulated by the Senior Staff of the Department under the direction of Dr. Hackett.

During 1974 the Department of Psychiatry continued to direct considerable attention to the delivery system for mental health services. Towards this end direct and indirect services are provided on psychiatric, medical, and surgical wards; in walk-in clinics and community mental health centers; and by teleconsultation.

Both the basic research laboratories as well as the clinical services are engaged in wide-ranging studies of the biological, psychological, and social causes of mental illness with the ultimate hope of increasing the effectiveness of psychiatric treatment.

MAJOR CLINICAL AREAS: SERVICE, TRAINING, RESEARCH

Inpatient Psychiatric Service (Director, John C. Shershow, M.D., Chief Resident, Irwin Savodnik, M.D., Ph.D., Nurse Clinician, Ann Kennedy, M.S.N., Head Nurse, Jacqueline Sears, R.N., Chief Social Worker, Ann Daily, M.S.W., Occupational Therapist, Judy Gelfand, O.T.R.)

During 1974 the Inpatient Psychiatric Service, a twenty-one bed ward, continued to move toward becoming a short-term, crisis intervention treatment service. Our length of stay has continued to drop: by the end of 1974 the average length of stay was under three weeks, and our admissions were over twenty-five patients per month. The emphasis has continued to be on intensive diagnostic assessment of

each patient admitted, with individual attention to each patient's medical and emotional needs. We have encouraged close relationships with both the Consultation and Outpatient Services, inculcating inpatient hospitalization as but the first step in the long-term treatment planning for each patient. In addition to arranging ongoing follow-up care, a new innovation has been our "transition group": each patient enters this therapy group just prior to discharge and continues in it for several weeks after leaving the hospital. This has been a decided help for patients in the period of transition out of the hospital.

We continue to train three junior psychiatric residents during each six-month rotation, as well as providing a twelve-month experience for one senior resident. The junior residents take primary clinical responsibility for their patients, and there is an active program of case conferences, ward rounds, and didactic seminars on the service. Three Harvard medical students per month rotate through the service and participate fully in all clinical activities. In addition, we have encouraged both nursing staff and social service staff to participate in didactic seminars and ward teaching conferences.

The research activities of the ward have undergone much of the expansion visualized last year; each patient admitted to the ward is now rated by both the resident staff and the nursing staff on several specialized psychiatric rating scales. In addition, we have completed the first phase of a study of carbon dioxide sensitivity in psychiatric patients. We are also beginning a large follow-up study of our patients, attempting to find out which patients benefit most, and which treatment modalities are most effective, on a general hospital psychiatric unit such as ours.

Psychosomatic Service (Drs. Thomas P. Hackett, Avery D. Weisman, Edwin H. Cassem, Benjamin R. Gill, Thomas F. Dwyer, Frederick G. Guggenheim, Alfred J.R. Koumans, Danuta M. Stachiewicz, William F. McCourt, Dietrich Blumer, Michel R. Mandel).

The Psychosomatic Service includes the general hospital and private consultation service, the electroconvulsive therapy unit, and a number of related research activities.

The Psychiatric Consultation Service continues to see approximately 3,000 medical and surgical patients a year. Approximately one-fifth of them are from the Harbour Area.

During 1974 the Psychiatric Consultation Service was engaged in the following areas of research:

1. Myocardial Infarction (Drs. Thomas P. Hackett, Edwin H. Cassem, Harold W. Ward, Jr., David Sheehan; Miss Elizabeth Silver-

berg). We are now in the seventh year of investigating the emotional responses of patients to having a heart attack.

2. Medical Hypnosis (Drs. Thomas P. Hackett and David V. Sheehan). A seminar on medical hypnosis is given twice a year by Dr. Hackett. The emphasis is on teaching methods of induction as well as indications and contraindications for its application in medical, surgical, and psychiatric patients.

3. Chronic Pain Syndromes (Drs. Dietrich Blumer, Michel R. Mandel, and Thomas P. Hackett). An ongoing project on the evaluation, diagnosis, and management of chronic pain syndromes continues in conjunction with the neurosurgical department.

4. Biofeedback Control of Raynaud's Disease (Alan Jacobson, M.D., Theo Manschreck, M.D., Elizabeth Silverberg, M.A., Thomas Hackett, M.D.). Work has been done utilizing the Cyborg biofeedback training device in an attempt to teach patients with Raynaud's Disease to raise the temperature in the affected extremity.

5. Intra Aortic Balloon Pump (Drs. Gold, Leinbach, Beller, and Cassem). The quality of life in 300 survivors treated successfully with Intra Aortic Balloon Pump is being investigated.

6. Hyperalimentation (Dr. Edwin H. Cassem). This project has been mounted in conjunction with Rita Colley, R.N. and Karen Phillips, R.N., hyperalimentation nurse specialists, and Dr. Ronald Abel of Surgery, to study the emotional impact on patients being deprived of an oral input, food and drink.

Electroconvulsive Therapy (Dr. Michel R. Mandel). The Electroconvulsive Therapy Consultation Service, established in November, 1972, has continued to provide comprehensive psychiatric consultation and treatment to carefully selected patients on both the Psychiatric Unit and in general hospital wards. The Unit is located on the Baker 11 transient floor and is under the direction of Dr. Michel Mandel. The most modern unilateral and anesthetic techniques are employed, and anesthesia is provided by Dr. Roger Morris of the Department of Anesthesiology. During 1974, Dr. Mandel and two senior psychiatric residents on elective saw 160 patients in consultation, and of these, 47 were treated by ECT.

The private division of the Psychiatric Consultation Service was established in July, 1969 to make more readily available to the semiprivate and private medical and surgical services (1) emergency psychiatric consultations, and (2) long-term integration of the psychological management of the "difficult patient." Under the leadership of Dr. Frederick G. Guggenheim, the Private Consultation Service provides

direct clinical care to patients in the Baker Memorial and Phillips House at the request of the patient's physician.

There continues to be an increase in the number of patients seen in consultation. During 1974 there were 338 patients seen in inpatient consultation by staff psychiatrists. Additionally, there were 414 patients referred for private outpatient psychotherapy through this service.

Research interest is currently focused on suicide in terminal illness and theory and practice of consultation in psychological medicine, aldomet depressions and the relationship between blood pressure and depression.

Adult Outpatient Psychiatry (Drs. Aaron Lazare, John Renner, Joseph Schwartz, Sidney Green, Eleanor Hanna, Charles Mullin, Sherman Eisenthal, Robert Ferrell, William Anderson, Joel Rubinstein, Mrs. Alonzo, Mr. Clapp).

Adult Outpatient Psychiatry began a period of reorganization which will ultimately lead to the formation of a General Psychiatry Practice modeled after the Internal Medicine Associates. There will eventually be several fiscally separate sub-units.

Prior to 1974, adult ambulatory psychiatric care at the Massachusetts General Hospital was provided by three major sub-clinics of Adult Outpatient Psychiatry and by the private sector composed of full-time and part-time staff members. Direct patient care in the three sub-clinics (Acute Psychiatric Service, Psychiatry III, and the Alcohol and Drug Abuse Clinic) has been provided primarily by psychiatry residents and social workers with part-time and full-time staff functioning as supervisors.

The above administrative arrangement, despite its many advantages and accomplishments, has not been able to respond to certain patient-care and training needs which will be listed below. It is anticipated that the developing General Psychiatry Practice (GPP) will be better able to respond to these unmet needs.

1. The Psychiatry Clinics do not have adequate manpower to meet the service needs of the MGH. For example, interclinic referrals to Psychiatry III must wait several weeks for an evaluation and many months for treatment.

2. The Psychiatry Clinics together with the private sector of the MGH provide a considerable range of sub-specialty care which includes long-term psychotherapy, emergency care, case work, alcohol and drug programs, and psychotropic drug maintenance for stabilized patients. There remains a large population of patients requiring

"general practice" psychiatric care whose needs remain unmet. Their problems often require more extended care than the APS can provide, more immediate attention than Psychiatry III can provide, and more medical attention than Social Service can provide.

3. The group practice represents one class of care for all patients. Practices and attitudes sometimes associated with clinic care are not apt to be tolerated by staff when their professional respect and income are at stake.

4. Because of the current separation of private practice and clinic practice, the staff teaches from a population of patients whom they do not treat. The General Psychiatry Practice would remedy this situation by encouraging the staff to teach with the aid of their own patients.

5. A practice of staff members working in collaboration will facilitate and encourage continuing education and peer review.

6. Fiscal answerability would lead to greater administrative efficiency.

On July 1, 1974, a separate cost center was established for the provision of ambulatory care by four psychiatrists and one psychologist totaling 67.5 hours per week of patient care. If the administration of these services proves successful in terms of patient care and fiscal solvency, the model of this group practice would be extended to the other sub-units of the psychiatry clinics. The results thus far are gratifying.

This has been a year of significant change for both the Alcohol Clinic and the Street Youth Program. The move into new quarters in the West End House permitted us to expand our services and to develop a coordinated training program dealing with both alcoholism and drug abuse. In July, Dr. Hanna assumed a full-time position as coordinator of clinical services for the Alcohol Clinic. She has also received a grant to continue her research into the relevance of attribution theory to the formation of clinical impressions during diagnostic interviews. With as many as 36 patient contacts per week, the new alcohol consultation service provided by Mr. William Quinn have become a major part of our operations.

Drs. Lazare and Eisenthal have continued their research on the "Customer Approach to Patienthood" in the APS.

Child Psychiatry (Drs. Norman R. Bernstein, Richard R. Peebles; Grace Nicholls)

In July 1974, Norman R. Bernstein, M.D. replaced John T. Lamont, M.D. in the role of Acting Director of the Child Psychiatry

Unit. A number of changes have been instituted:

1. All second-year trainees have been assigned an individual supervisor. The number of child psychiatry fellows has increased from one to four.

2. The system of evaluations has been changed so that each psychologist and psychiatrist trainee do family evaluations, seeing all family members as well as working up cases in the traditional way with social workers seeing the parents and the trainee seeing children.

3. Conferences have been added to the weekly Child Psychiatry Grand Rounds so that we have many outside speakers and case discussants. A family evaluation and therapy seminar has been initiated by Dr. Autor. Daily intake conferences are also held to begin processing cases more rapidly. A child therapy seminar is held weekly for second-year residents and an educational theory seminar is held weekly for the Child Psychiatry fellows.

4. Child Psychiatry is now represented on the training committee.

5. Twelve new supervisors have been actively engaged in teaching in the unit utilizing a unified booklist and curriculum.

6. The coverage of pediatric consultations was changed so that the 85 pediatric beds and the 30 beds in the Shriners Burns Unit are considered as one responsibility.

7. Evaluations were turned to an emphasis upon family evaluations with more consideration for family therapy plans rather than the previous emphasis upon individual therapy as an almost exclusive alternative.

8. Two pediatric residents elected to spent part of their time in child psychiatry to supplement their training.

9. Dr. Edward Mason, of the Child Psychiatry Department, began filming on the pediatrics ward, and one of these films was shown on television while he used other of his filmed materials at child psychiatry teaching functions.

10. The nursing interview project at the Burn Unit was begun to train nurses in the development of a style of interviewing unique to them for the understanding and management of sick children.

11. Child Psychiatry presentations were made at pediatric grand rounds as part of renewed efforts at collaboration and explorations begun for regular psychiatric consultations in the pediatric intensive care unit and the child abuse conferences.

12. Negotiations and planning for a group practice module have gone ahead with psychology, social service and child psychiatry in order to formulate an interdisciplinary unit which will be financially suited to our times.

13. A committee of Advisors was organized which could be called upon to help guide the development of the unit.

14. Participation in the training committee has begun along with collaborations between the Bunker Hill and East Suffolk clinics to share training experiences for all of the programs.

Psychology Service (Drs. Sherry B. Autor, Richard R. Peebles, Linda Wasserman; Ms. Anne Alonso)

Clinical Psychology is a clinical service as well as a training and research group within the Department of Psychiatry.

1. Clinical Services

A. The Psychology Laboratory Psychodiagnostic Service: The Psychology Laboratory provides hospital-wide psychological services for adults and children. Psychological evaluations are offered for assessment of personality and of intellectual functioning, differential diagnosis in questions of organic versus functional etiology, and vocational aptitude testing. Psychological consultation for diagnostic evaluation and treatment planning is provided to medical, surgical, neurological and psychiatric patients.

B. Treatment: Psychology staff and interns do evaluation and psychotherapy as part of the MGH Outpatient Psychiatric Departments (APS, OPD, and Child Psychiatry) and the Inpatient Psychiatry Unit.

2. Training

Psychology staff are actively involved in the training of psychology students, psychiatry residents, medical students, and other professionals at the MGH.

Teaching Medical House Officers (Dr. Thomas F. Dwyer and Ms. Janet Derdiarian)

This program's aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to emotional disturbances in their patient.

During the calendar year 1974, videotaped recordings (VTR's) of interviews between psychologically "normal" patients from the Medical Service and psychiatrists were extensively test-demonstrated and used for both teaching varieties of normal personality types and for studying how professionals arrive at diagnoses.

Teleconsultation and Telepsychiatry (Drs. Thomas F. Dwyer and Kenneth T. Bird)

Teleconsultation: An interactive (two-way audio-visual) television system between Bedford Veterans Administration Hospital and the MGH began operation in March, 1970. The system is being used to provide patient care, teaching, and research in various disciplines. Psychiatric residents and staff have participated both as consultants and trainees in this new technique.

Telepsychiatry: The interactive television connection between the Medical Station at Logan Airport and the MGH beginning in mid-1969 has been increasingly used for psychiatric evaluation and consultation to individuals and institutions. Beginning in September, 1970, a program reaching out into East Boston and Nahant communities provided psychiatric consultation to school teachers, probation officers, and others concerned with children.

The Bunker Hill Health Center (Drs. Barbara J. Burns, Pattison Esmiol, Helen Herzan, Alan Jacobson, Alvin Simmons, Linda Wasserman and Ann Winton; Ray Austin, Carol Broker, Mary Finnegan, Chris Goetz, Susan McPherson, Paul O'Leary, Fr. Thomas Panowicz, Ellen Sherman, Hank Sikkema, Adelaide Smith, Joan Weinstein and Virginia Whooley)

The Bunker Hill Health Center is an extension of the Massachusetts General Hospital in the Charlestown neighborhood of Boston designed to deliver comprehensive family-centered health care with coordinated and continuous services available and accessible to all residents of the community.

The Community Mental Health Service has been in full operation for six years. The interdisciplinary staff is made up of the professions of psychiatry, psychology, social work, speech/language, and psychiatric nursing. The staff changes occurred only in three Department of Mental Health blocks from the Lindemann Center.

The provision of clinical services to the community has continued to be the primary purpose of the Community Mental Health Unit, including over 10,000 evaluation or therapy encounters during the year. Greater emphasis has been placed on brief, family, and group therapy. Intensive adult services to prevent hospitalization and for post-hospitalized patients have developed into a two-day-a-week treatment program, and plans are being made for community residences for deinstitutionalized adults. The major development in child treatment is a group program organized and staffed by a four-agency collaborative and funded by the Harbor Area NIMH Child Staffing Grant. Both paraprofessionals and professionals are trained in child group work techniques and are providing service to 125 children weekly. A

therapeutic camping program for pre-delinquent adolescent males, which previously functioned during the summer, has been extended to a year-round weekend camping program through support from the Youth Activities Commission. The early screening and intervention program in the parochial schools was supported by the Office of Children this year and should be continued under the auspices of special education legislation, Chapter 766, during coming years.

Major community issues which mental health staff have been involved with include the implementation of Chapter 766 and school busing. It is expected that significant energy will continue to be directed toward working with patients, community groups, and agencies in an attempt to promote safety, to prevent violence in the Charlestown community, and to respond to psychiatric crises associated with school desegregation.

The primary thrust of evaluation and research efforts is on epidemiological correlates of mental health service utilization. This has been enhanced by a linkage to the Harvard School of Public Health through a fourth-year resident completing his MPH and the beginning of a consultation relationship with a HSPH epidemiologist. Other studies conducted during the past year include: patient satisfaction at termination of therapy; factors associated with psychiatric hospitalization — demographic, clinical, and outpatient medical and mental health service utilization; the repeated use of tranquilizers in a general medical outpatient population; the role of language in the development of the child's understanding of number concepts.

Harbor Mental Health and Mental Retardation Services (Drs. Gerald L. Klerman, Gary Jacobson, Jonathan Borus, Michel Mandel, Malcolm Rosenblatt, Brian Joseph, Calixto Valle, Patrick Ciccone, Barbara Burns, Franklin Curren, Marcelo Trucco, Charles Carl, Robert Abernethy, Stephen Reynolds, Alan Jacobson, Richard Lanyon; Ms.'s Petrick, McLean, and Mr. Barry Krasner).

There were many significant steps taken toward the goal of comprehensive community mental health services to the Harbor Area during the past year. Following the Department of Mental Health policy of "deinstitutionalization" of the large state mental hospital, the Harbor Area has worked toward providing a network of outpatient and day treatment services through five community centers. These centers have increased in number and scope in the past year and are now providing such a large volume and wide variety of services that the program is able to meet the mental health needs of an area population of 174,000 people with a fifty-bed inpatient unit at the Erich Linde-

mann Mental Health Center.

On July 1, 1974 the Harbor Area program expanded to include the beginnings of a strong component for children's services through an NIMH children's staffing grant. This grant provides a central coordinating team for children's services, an infant stimulation program, and a crisis intervention home treatment team as well as children's outpatient services in all the community centers. A small residential unit for children has been opened by the League School of Boston, a private, non-profit affiliate of the Harbor Area program. This unit provides twenty-four hour care with preference to Harbor Area children.

The training function of the Harbor Area program continues to grow with programs in psychiatric residency, nursing, social work, occupational therapy, and vocational rehabilitation as well as inservice training.

The following research activities have taken place at the Lindemann Center in the past year:

1. Clinical Psychophysiology of Emotional States (Dr. Gary Schwartz and Mr. Paul Fair). In collaboration with the Department of Psychology and Social Relations at Harvard, research is underway on autonomic and muscular components of emotional expression with particular emphasis on the facial expression of depression. Affects of clinical states and drugs are under active investigation. The next phase will involve comparable studies of anxiety and tension.

2. Behavior Therapy (Dr. Richard Lanyon). Application of learning theory to the clinical therapeutics of various forms of speech disorders is underway.

3. NIMH Collaborative Study of Depression (Drs. Gerald Klerman, James Barrett and staff). Lindemann Center is one of six centers participating in the development of diagnostic and assessment standards for use in a large projected clinical study of the Natural History of Genetics and Nosology of Affective Disorders with emphasis on depression.

4. Social Psychology of Pain (Dr. Gene Smith). The studies of clinical and experimental pain have been recently expanded to include evaluation of acupuncture.

5. Survey of Drug Use Among Teenagers (Dr. Gene Smith). Statistical analyses and write-up are underway of the large-scale study of teenage drug use in the greater Boston area.

6. Community Mental Health Program Evaluation (Drs. James Barrett, Barbara Burns, Darrel Regier). Various aspects of the community mental health program are under evaluation, including follow-

up studies, studies of patterns of utilization and impact on treatment programs.

7. Career Development and Personal Adaptation (Drs. Jonathan Borus and Gerald Borofsky). A pilot study is underway following psychiatric residents through their residency and into practice as a specific phase of career development and personal adaptation.

MAJOR AREAS OF RESEARCH NOT ASSOCIATED WITH CLINICAL SERVICE

Psychobiological Research Laboratories (Drs. Seymour S. Kety, Ross J. Baldessarini, Steven Matthysse, Jeffrey M. Gilbert, Joseph F. Lipinski, John Rimmer, Kenneth Walton; Predoctoral student, Sylvia Gerson; Postdoctoral fellows, Malcolm Stewart, James Noon, Erik Floor, Regina Groshong, Robert Granacher, Dennis Kinney).

The past decade has seen a great accumulation of knowledge which emphasizes the importance of biological factors in the major mental illnesses — schizophrenia and the affective disorders — and reinforces the relevance to an improved understanding of their etiology, pathogenesis, prevention and treatment of fundamental research in a number of areas including neuropharmacology, neurochemistry, and genetics. The program of the Psychobiological Research Laboratories represents the efforts of a number of investigators, independently and collaboratively, to explore certain of these areas at various levels from the fundamental to the applied.

Since 1963 Dr. Kety, in collaboration with Drs. David Rosenthal, Paul Wender and Fini Schulsinger, has compiled a total national sample of individuals, now between 25 and 50 years of age, who were adopted early on by people not biologically related to them. Among this sample of nearly 15,000 individuals, 74 had been identified with schizophrenia. Studies of the prevalence of mental illness in the biological and adoptive relatives of the schizophrenic probands and of suitable controls without mental illness have indicated that schizophrenia is significantly concentrated in individuals genetically related to schizophrenics with whom they have not lived, but not in the other populations. In the past year these data have been examined from the point of view of the reliability and validity of the diagnosis of schizophrenia and some of its sub groups; these studies have served to reinforce the validity and heuristic value of the medical model as it applied to schizophrenia. In the past year, 44 probands have been identified with severe types of affective disorder as the index sample for a similar study of the genetic aspects of those disorders.

Dr. John Rimmer and Dr. Dennis Kinney have been using the large amount of data which has been amassed relevant to the schizophrenic probands, the controls and their families, to examine a number of socio-environmental factors which may relate to the incidence or severity of schizophrenia.

Evidence that genetic factors operate significantly in the transmission of the major psychoses reinforces the importance of the biological substrates of these mental illnesses and justifies continued research effort toward their elucidation. Much of the activity of the Psychobiological Research Laboratories, at both fundamental and clinical levels, is carried out with that aim.

The Neuropharmacology Laboratory under Dr. Ross Baldessarini is examining the physiologic and pharmacological chemistry of central synaptic neurotransmission in the mammalian brain. Its main interests are in the metabolism of amino acids and amines that are likely to act as neurotransmitters, as the precursors of these, or as local neurohormones in the central nervous system. Major attention is being devoted to the aromatic amines, especially the catecholamines and serotonin as well as GABA. A number of studies have been conducted related to the definition of molecular rules for the uptake, storage, and release of certain amines and amino acids at nerve terminals. Much of this work has been carried to clinical studies of metabolic abnormalities in hepatic failure, many of the clinical features of which can be accounted for by the hypothesis that abnormal or unusual amines or their precursors may accumulate in nerve terminals, impeding or diluting the release and effects of the physiological transmitters.

The Neuropharmacology Laboratory is evaluating the behavioral consequences of the use of various drugs that appear to act as agonists or antagonists of central catecholamine and indoleamine receptors, or to block the synthesis, storage or metabolism of amines. Certain types of locomotor activity and stereotyped behavior in response to amphetamine or apomorphine are the behavioral models of particular interest at the present time. There appear to be important inhibitory effects of serotonin and GABA on behaviors believed to be mediated by catecholamines. One result of these approaches has been to accumulated evidence for a phenomenon of supersensitivity to dopamine agonists following the chronic administration of anti-dopamine agents in the rat. This phenomenon may have pathophysiologic significance in explaining certain neurological consequences of prolonged antipsychotic drug therapy.

Future work is expected to continue along similar lines, including further attempts to characterize the post-synaptic actions of central

transmitters, as well as studies of physiological and behavioral actions thereof. Whenever possible, the relationships of the pharmacology and pathophysiology of central neurotransmitters will be related to clinical problems in neuropsychiatry.

Dr. Steven Matthysse and his associates in psychobiology are examining the role of dopaminergic systems in cognition, in view of the probable relationship between dopaminergic blockade by drugs and their ability to relieve psychotic symptoms. Their hypothesis is that a relative excess of dopaminergic activity causes preoccupation with presented stimuli or internal fantasies — an inability to shift attention. That hypothesis is being tested in animals treated with amphetamine to increase brain dopaminergic activity, in schizophrenic patients by means of perceptual tests, and in the identical twins of schizophrenics who are themselves functioning normally to determine whether there is an attentional defect characteristic of the genotype.

Although the enhancing effect on dopamine turnover of antipsychotic drugs is well-established, the degree to which this effect contributes to their therapeutic action is not certain. This group is approaching that question indirectly by studying tolerance formation to the effect on dopamine in animals. If tolerance develops, the dopaminergic action is not likely to be therapeutically relevant since the antipsychotic action of the drugs does not show tolerance. Individual dopamine-containing nuclei of the brain are analyzed separately, since tolerance may develop in some regions and not in others.

In the fields of theoretical and psychiatric genetics, Dr. Matthysse is attempting to differentiate monogenic and polygenic theories of genetic transmission on the basis of data regarding the incidence of an illness in various classes of relatives of affected individuals. He has shown theoretically that the simple forms of the two models can be differentiated using incidence data on monozygotic twins and the offspring of two affected parents. Because of gene interactions and environmental effects, complete determination of the mode of transmission of illnesses like schizophrenia is probably not possible on the basis of frequency data alone, but elucidation of the properties of the simpler models may clarify thinking in the field and suggest where to look for more precise incidence information.

With a number of collaborators a pilot study has begun of multigenerational families in which schizophrenia is present in order to test two hypotheses: (1) that multigenerational analysis may be more powerful in revealing the mode of transmission of schizophrenia than frequency data in relatives of affected individuals; (2) that component traits or risk factors associated with schizophrenia may show clearer

patterns of inheritence than schizophrenia itself. They are in the process of working out scoring systems for personality traits that can be applied to hospital records over a century old. When this phase is completed they will examine their distribution patterns by computer analysis for conformity with various models of transmission.

Dr. Jeffrey Gilbert has been investigating the control of protein synthesis in cell-free systems derived from neuronal tissue in order to understand the relationship between protein metabolism and nervous system function. Cell-free protein synthesis systems containing various subcellular components from the central nervous system have been developed. Effects of small molecules such as ions, neurotransmitters, transfer RNA, and psychoactive drugs are being studied in these systems in order to elicit information on the relationship between the control of protein synthesis and synaptic function. Specific proteins which are being studied include myelin basic protein, an important constituent of myelin, and microtubular protein, which is an important structural protein in nerve cells.

Because of its need for a clinical facility which would permit the conjunction of the Psychobiological Laboratories with the clinical problems of the major psychoses, a Clinical Treatment and Research Unit was established at the McLean Hospital under the direction of Dr. Joseph Lipinski. A nursing staff was trained to participate in clinical investigations and a few pilot research projects have been initiated.

In collaboration with Drs. Pope and Gibson in the Laboratories of Neuropathology and Cell Biology at the McLean Hospital, skin biopsy specimens will be obtained from patients with definite schizophrenia as validated by rigorous criteria. Fibroblasts from these specimens will be grown in tissue culture and used for the assay of several enzymes such as monoamine oxidase and catecholamine-O-methyltransferase which some studies have indicated as being abnormal in the blood-platelets or erythrocytes from schizophrenic patients.

Drs. Baldessarini, Matthysse, Lipinski, and Kety of these laboratories have joined with Drs. Pope and Folch-Pi at the McLean Hospital and with Dr. Nauta at MIT to initiate and develop a collaborative program of studies relating certain aspects of their research in neuropharmacology, psychobiology, genetics, neuropathology, cell biology, and neuroanatomy to the important problem of schizophrenia. In June, 1974 a program grant was awarded by the NIMH which will facilitate the collaboration among these investigators, and permit some expansion of their research activities exploring certain areas of fundamental research which appear to be relevant to this clinical problem.

Project Omega (Avery Weisman, M.D., J. William Worden, Ph.D., Robert Sterling-Smith, Ph.D., Dorothy Wingquest, M.S.W., Catherine Sampson, M.S.W., Jane Calhoun, M.S.W., John Raker, M.D., Consultant)

Project Omega is a research investigation of how cancer patients cope and fail to cope with their illness, from earliest period of discovery and diagnosis, through the changes undergone during the first six months after initial treatment. Methods are descriptive and statistical, and are derived from interviews and personality inventories at regular follow-up intervals. The cancer sites under study are Breast, Lung, Hodgkin's Disease, Malignant Melanoma, and Bowel, especially colon and rectum. We have emphasized psychosocial factors in delay prior to diagnosis, correlating our findings with various sites and stages. The existential plight of patients 4-6 months into their illness is currently being investigated.

Members of the Omega staff have participated in various community and professional groups. A list of current publications and resource material is available for students.

This work is currently supported by the National Cancer Institute, 1 R01 CA14104.

Stanley Cobb Laboratories for Psychiatric Research (Warren E. Foote, Ph.D., Elizabeth Taber-Pierce, Ph.D., Theresa Harrison, M.A., Carol Colby, B.A.)

The neurophysiology laboratory located on the sixth floor of the Warren Building has been involved in research designed to ascertain the role of indoleamines in cat brain. Particular emphasis has been paid to observing the physiological effect of electrical stimulation of indoleamine containing cells on the responsitivity of identifiable neurons in the cat visual system. In addition, neuro-anatomical work is also in progress utilizing auto radiographic and horse-radish peroxidase techniques for tracing out anatomical connections between stimulation and recording sites.

THOMAS P. HACKETT, M.D.
Acting Chief

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University at the MGH

For many years the efforts of the Huntington Laboratories have centered on the problem of the control of growth in normal cells. In studying the growth of normal cells and its modulations, our thought has been that a clear conceptual framework of the mechanisms of normal growth was necessary to guide a rational study of how such mechanisms might be altered in neoplastic cells whose most prominent and clinically important characteristic is the relaxation of controls which confine and regulate the growth potential of non-neoplastic cells. Our studies were early couched in terms of an understanding of the mechanism of synthesis of the principal macromolecular constituents of cells — the proteins and nucleic acids. During this earlier period a number of fundamental observations on the biochemistry of these processes flowed from this laboratory and the broad outlines of the interrelations of these two major constituents in cell growth were drawn. The current efforts of the laboratories are, in effect, extensions of those earlier investigations.

Knowledge of the finer details of the biochemistry and molecular biology of the mechanisms of protein and nucleic acid biosynthesis has increased dramatically over the past decade. Use of oncogenic viral infection and transformation of cells in tissue culture as model systems for the study of the modulation and modification of such mechanisms during the change of the cell toward neoplasia has become well established. The emphasis of the research in our laboratories has shifted in response to this knowledge until at present the majority of our research activities are now related in one or another way to viral oncogenesis. We continue, however, to pursue our long-standing studies aimed at understanding the mechanisms of normal growth regulation using the regenerating rat liver as a model system where growth can be readily "turned on." In addition, our investigations of controls inserted at the initial stages of protein synthesis are being carried out both from a biochemical and a genetic point of view using bacteria.

The oncogenic virus which we are studying most closely is that which causes a fatal leukemia in chickens, the Avian Myeloblastosis Virus (AMV). The genetic material in this virus is in the form of a cluster of single-stranded ribonucleic acid (RNA) molecules of various

sizes. The information contained is in a code in the form of the linear sequence of four different nucleoside units which can be represented by the letters A, G, C, and U. This information must play an important role in the conversion of the infected cells from normal to neoplastic. We are continuing our efforts to define the sequence and thus the information contained in the largest of the molecules which make up the cluster. We have earlier found one end (the 3′-end) of these large molecules to be unique and consist of a run of approximately 30 units of the same residue, A. This data has made it possible to initiate further experiments using an enzymatic method for copying that part of these molecules just interior to the terminal run of A residues. The results are consistent with a homogeneity of the multiple large RNA molecules, at least as far as the next interior residue, a C. Again this information will serve as the basis of preparation for extension of the sequence determination still further into the molecules. In addition to the enzymatic copying technique we have also been perfecting a chemical method which should permit us to automate the process of stepwise removal and identification of the residues of RNA which can be applied to even very small amounts of RNA for sequence reading. We have also recently developed a chemical method whereby we can introduce a radioactive group onto the end of the RNA molecules (the 5′-end) opposite to that carrying the run of A residues. With this method we are able to begin the determination of the sequence of residues adjacent to the 5′-end as well.

In certain cancer-causing viruses of animals (including AMV) the RNA of the virus provides both the genetic continuity for the virus and the so-called "messenger RNA." In its latter function it can be utilized by the protein synthesizing machinery of the host cell (a process called "translation") and thus direct the formation of proteins not normally part of the uninfected cell. It is at present unclear whether the viral RNA is acting as just another messenger RNA without advantage over the many messenger RNAs normally present in the host cell or whether the viral RNA or some of the proteins produced under its direction as it is translated in the infected cell have some secondary effect which may favor the subsequent translation of the viral RNA. Such proteins might also alter the pattern of host protein synthesis or interfere with some control mechanism which may operate in the uninfected cell at the translational level. In an effort to explore these questions we have established a cell-free system in which the viral RNA will function as a messenger in order that the effects of various isolated factors on the translation system might systematically be evaluated.

At the clinical interface with the research activities we have continued our investigations into a possible viral association in Hodgkin's disease. Tissue from patients under treatment for the disease is propagated in tissue culture and examined by a variety of methods for evidence of the presence of a virus associated with the cells. So far the evidence is sufficiently intriguing to encourage us to expand our efforts.

Our clinical colleagues continue their analysis of results of their treatment of cancer patients with the newer drugs which are being used to augment surgical and radiation treatment. It is the hope that the results of the studies on model systems in the laboratory will provide better understanding of the current results arising from the clinical work and guidance for the design of more effective therapy in the future.

We are indeed fortunate to be able to report that Professor Herman Kalckar accepted an invitation to join the Huntington Laboratories on his retirement from active teaching. His great knowledge and experience in the field of nucleotide and carbohydrate metabolism will provide further breadth of activity to the laboratory and a source of invaluable advice to all of us.

JESSE F. SCOTT, M.D.
Acting Director

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Vincent Memorial Hospital Report of the Chief of Staff

During the year 1974, the Vincent Hospital admitted and treated just over 1,500 patients. This is within the range of numbers recorded annually since 1960 and indicates presumably that inpatient care continues at the level permitted by full and constant use of the available facilities. This conclusion is supported by the fact that 1,309 surgical procedures were carried out, a figure that also has varied only slightly during recent years and for the same reason.

The number of operations performed on non-private patients, however, diminished by approximately 8 percent and almost one-fifth were handled on a transient basis. Visits recorded in the Out-Patient Clinics also fell off 20 percent from the previous year's level. At the same time staff members report saturation of their scheduled times for office practice. One may conclude that within a relatively stable total patient-care activity there has occurred a significant transfer of patients from non-private to private status. This change is notable not only in Gynecology; unquestionably all areas of the General Hospital involved in patient care are being affected by the steadily increasing extent of coverage by Blue Cross-Blue Shield and other similar third-party providers of benefits which facilitate private-patient status.

The Post-Graduate Course in Gynecology took place in September and once again was over-subscribed. Our staff also was called upon for teaching sessions in the Post-Graduate Courses in Surgery and Oncology here, as well as in others held at the Boston Hospital for Women. Contributions of time and effort to a variety of national and international meetings, congresses, and teaching sessions were also requested of and generously supplied by all staff members. The number of publications was slightly higher than in previous years and includes significant contributions to both clinical and research stocks of new knowledge.

The laboratories have been most productive, with three major programs, as in the past, dedicated to investigations into the biology of gonadotropins, steroid-chemistry and the stilbestrol-adenosis-carcinoma syndrome. The Registry of cases associated with the latter subject continues to receive whole-hearted support from physicians in many countries. It has, therefore, accumulated vast amounts of solid data which in turn has immeasurably accelerated our rate of learning about this recently described condition. A prospective study of the phenomenon of female sexual maturation is drawing to its conclusion

with the preparation of a detailed report. As in the past, approximately 75 percent of funds available for support of these researches came from outside sources; the rest was comfortably provided by the hospital Research Appropriation which leans heavily on the annual contribution of the Vincent Club and the earned income from the accumulated capital of past annual donations by the Club to the hospital.

As Chief of the hospital I hereby express my appreciation to all the staff, professional and otherwise, whose performance is always of highest quality, and as spokesman for the staff I salute the Board of Managers and the officers and members of the Vincent Club for their continuing and unabated interest and support, moral, emotional, and financial.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

A central theme dominates the report of the hospital Board in the year just past. One word, Time, describes it, and subsequent remarks are intended to bear this out.

In two intensive weeks, the annual postgraduate course for gynecologists offered a wide range of pertinent topics, and more than a score of physicians on our staff and that of the MGH gave these national and world-wide visitors important insight into the problems and progress of gynecology.

The September meeting that included a coffee party for the faculty and members of the gynecology course was followed by the regular meeting. The Board was deeply saddened by the deaths of three of its members, Miss Dorothy Bartol, Mrs. Paul G. Courtney, and Miss Jane S. Megrew. All had served for many years, loyally, wisely, and with enlightened concern for both the club and the hospital. They will be long remembered and greatly missed.

Coinciding with a full day's workshop in gynecological nursing care for the nursing staff of the hospital was the annual November birthday coffee party, now in its twenty-seventh year. In the future, nursing workshops can be planned for this meeting, as it gives an excellent opportunity for many more staff and Board members to meet.

At long last, extensive structural improvements and renovations of the nursing stations and other areas on the floors were completed. Owing to many requests for changes in plans and to governmental regulatory encumbrances, more than five years were spent in achieving these alterations.

Dr. Charles A. Sanders, General Director of the MGH, spoke in January about the overwhelming increase in the number of ambulatory patients and the primary need for developing an ambulatory care center large enough to meet the continuing upward trend in numbers. Certainly the outpatient figures for the Vincent Hospital, now over ten thousand for the year, corroborate this situation.

In March, Dr. John W. Grover of the hospital staff, and Assistant Professor of Obstetrics and Gynecology at the Harvard Medical School, spoke about the importance of carrying information to women via the press and television. The fact that often the gynecologist can serve patients as a primary care physician as well as caring for their pre-natal and post-natal needs has become apparent. Ample evidence of this has been seen in the MGH-Chelsea Health Center,

where clinics are overflowing with women who have never seen a gynecologist.

Miss Eleanor Clark, Director of the MGH Social Service Department, spoke at the April meeting, re-emphasizing Dr. Grover's experiences in the Chelsea and Bunker Hill projects. She held the Board's rapt attention while describing some of the extraordinary supportive services given to Vincent Hospital patients, as well as to patients in every other area.

The appointment of our Chief of Staff, Dr. Howard Ulfelder, to the position of Deputy to the General Director of the MGH for Cancer Affairs takes Dr. Ulfelder to the new Cox Center. We feel cut adrift in many more ways than can be mentioned here, although the Vincent Club and the hospital Board should be reassured that he is not only nearby, but will be reaching toward far wider horizons in a field that is our primary concern as well. We will follow his accomplishments with pride and affection.

The value, as well as the passage of time is clear in the preceding account. Time given in the professional area has never been more crowded, nor the urgency for its best use more apparent. It is a particularly valuable gift to this hospital from many thoughtful people. Few give more of it than the Vincent Club members who work long hours, days and nights, for the show that produces a splendid sum toward the hospital's vital research program each year. Members of this Board, compassionately aware of the humanity of patients, serve regularly in the hospital. Trustees give wise and experienced counsel. From all, the gift of time is appreciated far beyond words by a grateful hospital Board.

HELEN C. CROCKER,
(MRS. COURTENAY CROCKER)
President, Board of Managers

Report of the Department of Nursing

Introduction

An administrative request for brevity and conciseness in the preparation of the annual report for fiscal 1973-74 will require a departure from the previous format and content of this report. Since 1968, I have attempted to present a document which would serve as a meaningful historical reference for those who would wish to study the status and directional goals of an institutional nursing service in the decade of the '70's and to gain direct information on the *internal* and *external* forces which were influencing at any one point in time the reshaping of these goals and objectives. Concomitantly, I tried to give appropriate recognition to the accomplishments of the many services and members of my staff. In this presentation, I will forego the latter and limit my comments to those accomplishments and problems which appear to have an across-the-board Departmental significance. The individual reports of the respective services will be preserved for future reference.

Nursing Service

A review of these individual service reports leads one to the conclusion that 1973-74, in the light of presenting and continuing challenges and problems, can best be described as a difficult and frustrating year. On the basis of the reported accomplishments, it must be viewed retrospectively as a substantially productive year. And prospectively, on the basis of projected goals and objectives, it must be said that fiscal 1974-75 augurs well if only all involved, including myself, can maintain the state of homeostasis necessary to support a viable service.

I will comment first on certain external forces which wielded a strong impact on the Department's operation during the past year — i.e. the administrative reorganization of the institution, cost control, quality control, changes in delivery systems, and an increasing militance on the part of the professional nurse population at home and at large to become partners, as opposed to handmaidens, in the health-care arena.

The impact of institutional reorganization was, in my opinion, most keenly felt in the ambulatory care setting. The initiation of autonomous administrative and care-taking units in the Clinics, however laudable the goal, created confusion, uncertainty, and mistrust in the minds of numbers of Departmental staff. By the close of the year, approximately one-half of the assigned nursing and support service

staff found themselves outside the administrative purview of their former Executive Officer, while the other one-half remained within the administrative rubric. It is important to mention that for a number of years, the incumbent in the latter position has described the dual position of Executive Officer/Assistant Director of Nursing as anachronistic and indefensible. Hence, the Department as a whole welcomes an orderly separation of administrative authority, responsibility, and accountability and will continue to collaborate and cooperate in the change process. Problems will remain extant in any set of changing systems, but most deserving of attention and constructive resolution are those which are people-oriented.

At this writing, the blueprint calls for the transfer of the remaining administrative responsibilities of the Clinics operation to a series of fiscally autonomous administrative units by 1976 and the transfer of the total energies of the present administrative officer to the Department of Nursing in the role of Associate Director, Ambulatory Nursing Services. The General Director has supported the Department's position that the continued health and viability of the nursing services involved cannot be preserved in a vacuum and has mandated an approach which will permit these nursing services to remain within the mainstream of professional nursing practice in the institution and an integral part of the Department's operation. In addition, provision has been made for nursing input into the planning of the proposed Ambulatory Care Center. Two other developments during the past year give further evidence of the support of the Administration to this concept — i.e. the merging of the previously autonomous Myocardial Infarction Research Unit nursing staff with that of the Phillips House 2 Coronary Care Unit and the current interdepartmental relationship with the Cox Center Ambulatory Oncology Nursing Service.

After a difficult and somewhat traumatic beginning, it would appear that a constructive rapprochement has been achieved in the interest of continued progress.

During the past year, the administrative officers of the Department have addressed themselves continuously to the issue of cost containment and fiscal accountability. The size, broad scope and multiplicity of Departmental activities make this effort one of Herculean proportion. Our basic stance has been to do the very best we can with what we have, recognizing that at some point the reality of the finite as regards financial resources had to be acknowledged. This posture, however realistic in the current economic circumstances, is not easily understood or accepted by a majority of the personnel. Moves to tighten line responsibility and accountability at the operational level;

to initiate cost controls; to reallocate positions and redeploy personnel on the basis of established priorities — are met with opposition and, in some cases, overt hostility by those who in the words of one staff member have come "to equate the financial resources of the institution with that of the Chase Manhattan Bank." Our efforts, however draining, have been successful. Despite the pressures of a consistently high census and the constantly accelerated demands for more and better nursing service as a result of the introduction of new modalities of therapy, we were able to complete the year within the limits of the budget allocation. In the interest of maximum utilization of personnel, we have transferred positions to other Departments: Pharmacy, Clinical Administration, Radiology, and the Orthopaedic Service. As a result of internal organizational changes at the respective service levels, we have cut positions and overtime costs — i.e. the Gray 3A Intensive Care Nursing Service and the "on call" system in the Operating Room Nursing Service.

Mention must be made in this report of the activist movement on the part of nursing personnel for a scheduling pattern which will permit every other weekend off, a practice which is *reportedly* operative in the majority of Boston hospitals and which is the most frequent reason given for termination. A study of the numbers of additional nursing personnel needed to implement such a policy at this institution put such a move beyond the realm of reality. However, this study did serve as a stimulant for an in-depth look at our time-scheduling practices. The data unearthed grave inequities in time-scheduling in the various nursing services and showed that in some instances, personnel who were militating for every other weekend off were in fact exceeding that goal when computed on an annual basis. At this writing, the Department is prepared to issue a series of guidelines to guarantee equitable time-scheduling for all nursing personnel with the ultimate goal of granting the equivalent of every other weekend off, computed on the basis of weeks worked/annum. We recognize that this approach will not be met with enthusiasm by those who have had the privilege of time-scheduling on the basis of personal convenience, but we believe this move is essential in the interest of equity for all and overall fiscal accountability.

For the past six years, the Department has addressed itself to those components of nursing practice which are currently receiving emphasis in the regulatory segments of the public and private sector — i.e. the assessment of nursing needs, planning to meet these needs, the implementation of care plans, and the *documentation* and *evaluation* of the care given. In previous annual reports, our goals, progress, and

problems in this area have been carefully delineated. The respective nursing service reports for fiscal 1973-74 identify marked overall Departmental progress in this area of concern. Service-oriented nursing practice committees with broad staff representation have been active in the development of statements of the philosophy and objectives of nursing practice for the respective services and in delineating standards and criteria which serve as a basis of planning, implementing care, and evaluating the care given. Auditing procedures and instruments have been developed and tested throughout the services. The emphasis to date has been on the process-oriented approach, although one retrospective audit, utilizing the J.C.A.H. materials, has been completed. Fiscal 1975 has been earmarked as the year for *getting it all together*. A Quality Assurance Program was initiated in September, with one full-time and one part-time administrator directing the operation. The time and effort required for this activity are both onerous and costly. However, we have always believed the evaluation of the quality of nursing care rendered is the legitimate responsibility of any nursing service and we look forward to meeting the challenge which has now been decreed by government statute.

During the past year, the Department expanded its role in meeting the health care needs of people through an extension of the Adult Nurse Practitioner concept to the Emergency Ward. Stimulated by the demonstrated success of these specially trained functionaries in a variety of institutional ambulatory work locales and by the increasingly apparent need to address ourselves to the cause of the mounting number of patients and families who present themselves at this portal in search of episodal care, a study was undertaken to test the viability of the introduction of Adult Nurse Practitioner in this setting. At this writing, notwithstanding the personal and professional travail of the development and launching of a new approach, it would appear that we are well on our way to an expansion of the role of the nurse in the rapid screening process and primary caretaking in this clinical setting. Other innovations in the care delivery system include the establishment of a G.U. Technician Team within the Department; an Orthopaedic Technician Team within the Department of Orthopaedic Surgery; the development and initial trial of a Unit Dose Medication System on the Pediatric Nursing Service in collaboration with the Pharmacy and Laboratory of Industrial Engineering; and the introduction of a Computerized Medication System on the Medical Nursing Service in collaboration with the Laboratory of Computer Science.

Mention was made in the last annual report of an increased militancy on the part of nurses nationwide to have a voice at the policy-

making level in those decisions which affected their practice and conditions of employment. The June, 1974 strike in San Francisco can be cited as an example of this foment. The August, 1974 amendment to the Taft-Hartley Act, removing the exemption of not-for-profit health agencies from the provisions of this law, provides further support for this movement. Ongoing collaborative dialogue and action on the home front is of the essence. To this end, we will continue to direct our reorganizational efforts.

Despite the frenetic pace of the nursing operation in fiscal 1973-74, one can point to a number of accomplishments which suggest that internally the Department has been able to maintain a state of healthy equilibrium.

— For the first time in seven years, the number of terminations for all position categories fell below the five-hundred mark. The turnover ratio dropped to 39 percent — a 33⅓ percent decrease when compared with the fiscal 1967-68 figure.
— The Department was able to recruit a significant number of leadership personnel, qualified by both education and experience.
— Significant progress was made by the service-oriented nursing practice and related committees in developing standards, protocols and procedures for the direction and evaluation of practice.
— The educational offerings of the Department reached a new high from both a quantitative and qualitative point of view. Worthy of comment are three regional conferences to which Departmental staff contributed heavily of their time, energy and expertise — Concepts of Intra-aortic Balloon Pumping: An Interdisciplinary Approach, in conjunction with the Departments of Surgery and Medicine; Respiratory Care Symposium, in conjunction with the Departments of Anesthesia and Respiratory Therapy; and the Conference on Orthopaedic Nursing, in conjunction with the Department of Orthopaedic Surgery. The success of these programs is documented by the fact that they have been followed by requests that they be repeated annually.
— The Department continues to draw increasing numbers of international, national, and local visitors who are seeking information on our clinical, educational and administrative operations.
— Departmental staff in significant numbers are deeply involved at the national and local level in professional and community organizational activities as officers, committee members, and program participants.

Concluding Statement

This report in no way does justice to the superb effort and accomplishments of a dedicated and hard-working staff. Their individual and collective interest, expertise and support are the *sine qua non* of the total operation. On the occasion of my sixth anniversary as Director of the Department of Nursing, it remains my privilege to salute and to continue to serve them.

We remain deeply grateful for the continued support of Dr. Sanders and the administrative officers, as well as the continued cooperation of our many colleagues.

MARY E. MACDONALD
Director, Department of Nursing

Report of the School of Nursing

Assessment and evaluation were the focus of a major portion of the School's activities this past year and included 1) the completion of the self-study and documented report in preparation for the visiting team and subsequently the Board of Review of the National League for Nursing for continuing accreditation; 2) the study and report for the Board of Registration in Nursing as part of the site visit in January 1974 for continued approval; 3) the workshops devoted to a study and revision of the student evaluation and grading system; 4) and a searching look at the future through the study undertaken by the hospital to determine the feasibility of obtaining degree-granting authority for some of its educational programs. The systematic plan for evaluation of the total program of the School, developed several years ago and recently updated, provided a useful and thorough mechanism for ensuring ongoing evaluation of the various aspects of the School's program.

As a result of the School's report and week-long site visit, the Board of Registration in Nursing granted continuing full approval to the School.

The visit by the team for continuing accreditation by the National League for Nursing occurred during the week of September 16, just one week after the new School year began, a very busy time indeed but essentially a gratifying and positive experience. The team visit served amply to clarify and verify the primary document, the self-study report of the School, based upon the School's methods and extent of attainment of the National League for Nursing's "Criteria for Evaluation of Diploma Programs." The School also suggested to the National League for Nursing, Department of Diploma Programs, methods for clarifying directions to schools preparing reports and for facilitating certain changes in accreditation procedures that had been instituted; pointed out seeming discrepancies in the broad statements of certain evaluative criteria and the application of a more restrictive or a particular standard or interpretation for measuring their achievement; and suggested re-evaluation of the type of information required of cooperating agencies utilized by the School. Although it will not be until after the Board of Review meeting in mid-January 1975 that its official decision will be made known to the School, the visitors' identifications of the School's strengths and weaknesses were supportive and recognized the high standards set by the faculty and its consistent efforts to attain them.

Workshop activities devoted to the philosophy, system, and methods of evaluation of student progress in achieving program objectives extended from December through August in consultation with Dr. Lawrence Litwack, Director, Department of Graduate Education Counseling and Personnel Services, Kent State University, who also conducted three all-day workshop programs for the faculty and representatives of the Shepard-Gill School of Practical Nursing faculty. The workshop resulted in clarification and revision of course materials, evaluation tools, the grading and quality point system, and various mechanisms for recording and reporting grades. Ultimately the faculty voted not to adopt a pass-fail system, but, instead, a streamlined and seemingly more reliable, valid, and simpler one based on ratings of A, B, C, and No Credit. A policy was also adopted that reports of students' progress would be communicated by the School to parents or guardians of students only with a request and consent form signed by both students and parents.

As a result of the Board of Trustees' decision in December 1973 to conduct a study to determine the feasibility of the hospital obtaining collegiate authority to grant degrees in nursing and other allied health fields, the School of Nursing participated in a systematic and painstaking study to determine sound future directions. Under the overall direction of the hospital's Standing Committee on Teaching and Education and Mr. Richard Olsen, Director of the newly created Office of Education and Educational Planning, a Program Development Committee for the School of Nursing, consisting primarily of representatives of the faculty but including also the Associate Director, Department of Nursing, a member of the Staff Education Department, and a physician, was established to study the feasibility of a degree program in nursing and to recommend a tentative program outline.

In addition to chairing this committee, the Director of the School has been fortunate to serve on several other committees established to examine broader matters related to this overall project. A special seminar series on Planning for Health Care Education, led by Dr. John Bolin, Director of the Office of Institutional Planning at Boston College and held at the hospital from March to May, 1974, established a framework for achieving the timetable for the planning process through the development of statements of philosophy and mission and of assumptions and parameters; and an analysis of present and future conditions.

In March 1974, a preliminary report and recommendations of the Program Development Committee was prepared, which included a

study of alternative degree program possibilities for the School of Nursing if the hospital obtained collegiate authority. It recommended a master's degree program in Nursing, with non-nursing baccalaureate degree as an admissions requisite. Based on this, the Program Development Committee completed by the end of June 1974 a proposal for establishing a Master of Science in Nursing program which included graduate-level preparation in an area of clinical specialization. This proposal subsequently received the endorsement in August 1974 of the Joint Committee on Graduate Education. We believe that a program such as the one proposed can build upon and extend the strengths of the School, can meet a need within nursing education and health care systems, can best utilize the resources for learning within the institution, and can best serve future candidates for a program of professional nursing education at the MGH.

Understandably and predictably, a study of the magnitude undertaken by the hospital for its educational programs also creates uncertainties with some rippling effects. Therefore efforts were ongoing to encourage faculty participation and to maintain honest and open communications with staff and students about proposals being considered and the various implications for effecting a smooth transition should a major change occur.

A decision to admit another class into the diploma program (September 1975) was temporized until more definitive guidelines and plans could be drawn. Applicants, potential applicants, and high school counselors were notified that a study was underway which might result in a major program change, and a system was established so that interested individuals might be notified of any official decisions.

There were many positive immediate effects of this challenging and time-consuming study by the School. Although directed to the future, the various activities of the faculty also served to focus scrutiny of the present program, to adjust perspective, and to devise ways of helping present students to reap some of the benefits of the creative process. A realistic awareness of strengths and achievements, and an emerging trust, new degree of maturity, and greater confidence in self and in the future were in evidence as the new School year began.

Developments in Staff

The staff continues to demonstrate a high degree of professional responsibility, commitment to the goals of the program, and concern for others as well as for the quality of the services provided to the students.

While the plan for orientation of new faculty has steadily improved, certain shortcomings are still recognized. More time is needed to discuss some matters related to the School's program, its philosophy and policies. Those faculty who join the staff after the School year has begun are at a disadvantage because of the role which they must rapidly assume. The faculty manual, upgraded, systematically revised and well printed, is now better utilized by the faculty as an excellent source of reference.

In general vacancies were filled with less difficulty than in some former years, but much time and deliberation continues to enter into recruiting and then selecting from among the larger numbers of qualified and experienced applicants. Undertaking graduate education full time constituted the main reason for resignations or leaves of absence, the number totaling twelve. In addition, a few left either to relocate or because of marriage; one was on maternity leave. Two retirements are noteworthy, that of Mrs. Myrtle Hibbard for her loyal and conscientious service to the School as Residence Supervisor and Miss Eleanor Page for her warmth and graciousness as Hostess in Walcott House.

Staff development is notable in the high degree of participation both in formal continued education and in various workshops, institutes, seminars or certificate programs. Several of the staff also contributed actively in conducting regional workshops in various parts of the country, serving on state or national committees of professional organizations or as members of an accreditation visit team.

In addition to the yearly workshop activities on evaluation, the School also sponsored several programs for staff development to which representatives of the Shepard-Gill School of Practical Nursing and the Department of Nursing were invited. We continue to appreciate the opportunities to attend certain programs conducted by the Staff Education Unit of the Department of Nursing and are anxious to further our cooperative efforts.

Faculty data records updated twice a year by the faculty serve to document their continuing education, professional activities, and participation in the faculty organization, thus serving as a basis of self-evaluation and also an indication of meeting faculty position qualifications. Currently, 67 percent of the faculty of 64 (including 5 part time) have earned at least a master's degree; many of the rest have earned the majority of credits necessary for a master's degree; one had already met the requirements for a teacher's certificate in Massachusetts; all actively engage in continuing education.

The addition of a long-needed, full-time Student Financial Aid Officer has enabled the Financial Assistance Programs of the School

to be expanded and refined. Liaison both with the Hospital's Accounting Department and with the Department of Nursing, which employs qualified students under our College Work-Study Program, has been facilitated and methods proposed to eliminate some of the rough spots in the system and to determine the best types of inter-communications necessary for an effective operation. We are most fortunate in the cooperation of the two departments mentioned and for the highly capable individual who has assumed this new position on our staff.

Also highly significant and beneficial are the three part-time positions funded by Capitation Grant money (Federal Government, Nurse Training Act provisions). While only temporary, for the duration of the grant funds, the positions include: 1) an additional part-time instructor in Mental Health Nursing, enabling us to expand the course experiences to include more Community Mental Health; 2) a media specialist and consultant who has spearheaded the development of a media center for the School; and 3) an assistant in media development, who is a former member of the faculty.

The library staffing was somewhat altered because of its extended hours and to improve the quality and the consistency of the level of services to an also expanded population of users.

Resources, Facilities, Clinical Experiences

Beginning in the fall term, 1974, full professional staffing of the library became a reality, providing professional reference service, instruction, and consultation for all library hours. Hosting a reception for librarians and educators from various neighboring libraries and community agencies facilitated access to some services within the network of libraries in the region and clarified available services and reciprocal relationships. Some evident benefits are the professional reference service for our students utilizing Treadwell Library; student and faculty borrowing privilege and reference service from the Erich Lindemann Mental Health Center Library; and professional reference service for our faculty at the Monroe C. Gutman Library of the Harvard University Graduate School of Education. A significant increase in interlibrary loans was also effected with the Library of Boston College School of Nursing and the Francis Countway Library of Medicine (Harvard University, School of Medicine).

Increase both in users and types of services and changed staffing patterns necessitated planning and redesigning use of available space, unfortunately tabled because of the uncertainties about the duration of the School Building (Ruth Sleeper Hall) and studies of possible changes in the hospital's educational programs. Alternative plans are

being developed for various eventualities; a better working area is essential, as is a fully operational media-center. A major portion of Federal Capitation Grant funds were directed toward the development in the Gibson Room of the library of a media instruction, production, and autotutorial center.

Additional activities and services of the library this year included:

— cooperating with the teaching faculty in testing the use of open-ended learning packages for freshman students;
— producing curriculum-oriented slide presentations and training faculty in the use of a 35mm single-lens reflex camera;
— presentation of a multimedia class entitled "Research in Biomedical Literature and Communication;"
— preparing bibliographies for both staff development and the curriculum;
— investigating and recommending needs for microfilm and printer-readers to preserve and expand the journal collection;
— donating 500 books to assist in the establishment of a College of Continuing Education in Barbados, West Indies, where a College of Nursing is planned.

The increase of $10.00 in the annual library fee was necessitated by the inflated costs of accessions, binding, and maintenance, and the need to replace losses. The library continues to be heavily used by many authorized individuals and groups in addition to our students and faculty, and requests from various groups continue to necessitate careful consideration lest we be overextended.

Investigation of various questions related to the preservation and housing of School of Nursing archives and historical materials was continued in consultation with individuals representing the hospital as well as neighboring libraries.

Hospital space planning and the uncertainty of various contingency factors, including future directions of some of the educational programs of the hospital, had serious implications for planning and providing by the School for its various operations. It necessitated in July and August preparation, by the Director of the School and the Coordinators for Program Development and Educational Resources and for Student Personnel Services, of analyses and projections of needs, and alternative plans for accommodating these needs and for sharing School of Nursing facilities with other groups for an indefinite period of time beginning possibly in July 1975.

The uncertainties already alluded to resulted in a negative decision by the Hospital's Space Committee which prevented development of our proposal for additional classroom and conference space in Wal-

cott House and Ruth Sleeper Hall.

Also vetoed by the Space Committee was our plan to develop a consolidated Student and Graduate record system within Ruth Sleeper Hall, bringing together in one building various staff responsible for initiating, maintaining, expediting, and overseeing student, graduate, and faculty records. Though this unification could not be achieved, steps were taken by the conscientious and diligent staff involved as well as the faculty and administrative staff to improve certain aspects involving the completeness, summarizing, and accuracy of records, the efficiency and safety of the system, and confidentiality.

Providing for appropriate level and challenging clinical experiences warrents mention once again this year. Though various constraints continue and new problems emerged, some significant gains were also made; overall we continue to be very appreciative of the cooperation and painstaking planning involving many agencies that afford our students, along with our faculty, such fine learning opportunities with a by-product of service to the patients and the agencies involved.

New administrative organization of the clinics of the MGH necessitated requesting experiences of several different administratively responsible individuals rather than through one source. The reluctance of some of these individuals to have our students assigned to their areas because this would result in their absorbing a portion of indirect educational costs (as the School also absorbs indirect operating costs of the hospital) necessitated our meeting, after protracted negotiations at other levels, with the General Director of the hospital and the Director of Fiscal Affairs to resolve the issue and to anticipate further such dilemmas. With their support it was possible to finalize plans to arrange for ambulatory patient and community mental health experiences just prior to the new School year.

This past year home visits by students to selected clinic patients have proven valuable, with the student's written report incorporated in the patient's record. Utilization of the "Problem Oriented Medical Record" (POMR) techniques have been included in the curriculum and encouraged for student recording of interviews and observations. In addition to the continued availability of various other agencies, the Chelsea Health Center and the Brookline Multi-Service Senior Center both extended participant-observer experiences for students.

Repeated planning and revision took place throughout the year as the competition among Schools of Nursing to obtain dwindling maternity nursing experience continues to mount. We were able to obtain minimal but adequate experience; imagination and creativity stimulated some alternative experiences. The utilization, for the first

time, of the Parkway Division (gynecology) of the Boston Hospital for Women proved to be a reasonably satisfactory arrangement. The devotion, enthusiasm, and communication and nursing skills of our instructors assigned to that facility and the positive attitude of the students helped to make the experience beneficial. The adaptation of the course philosophy and objectives so that the family focus is broadened to include the mother/women at times other than during pregnancy is both appropriate and timely. The acquisition also of several excellent new maternity films and discussion of more in-depth theory have been helpful. Further adjustments in this phase of the curriculum were necessary this fall since the Special Care Nursery at the Lying-In Division of the Boston Hospital for Women no longer was available for student experience.

During the year the nursing-of-children instructors pursued a variety of possible ways to increase the amount of student experience in caring for normal children. As a result, beginning in September 1974, all students will have a week of experience at the Living and Learning School in Waltham under the direction of one of our faculty.

For freshman students, experience at the Massachusetts Rehabilitation Hospital has proven to be of such an appropriate level and in keeping with course objectives, especially for the first two rotations, that we shall be utilizing three instead of two units beginning this fall.

This past year, at the request of the MGH Department of Nursing, we utilized some different units for student experiences; and with cooperative evaluation made some adjustments for the last rotation of the year. While many learners from various schools are assigned experiences from February to May, there is no difficulty in obtaining experience for our students in June and July when other schools have closed.

In the Mental Health Nursing course exploration by all four teachers throughout the year of clinical facilities with which to emphasize community mental health concepts involved letters, telephone calls, and twelve personal visits to eleven agencies. Difficulties encountered were the increasing number of schools seeking community placement for students, preference of many agencies for baccalaureate or master's students, and the large number of students in our School. We were successful in obtaining experience at the Human Resources Institute and the Bunker Hill Mental Health Center. This experience is in addition to that which continues to be provided at McLean Hospital, for which we are grateful.

As mentioned earlier in this section related to clinical experience, the faculty recognizes and assumes responsibility for making the clini-

cal experience beneficial not only to the student but also to the cooperating agency which extends itself to us in so many ways. Faculty have shared in assisting the agency staffs to implement new systems and approaches to care; have shared in staff education through conferences, workshops and institutes in which they have participated or have helped plan; and currently one teacher is participating one day a week as a staff member at the Bunker Hill Mental Health Center actively involved in patient care.

Curriculum

Many events and activities described in preceding sections of this report relate also to curriculum evaluation and development. The annual reports prepared by the faculty for the 14 various courses and the Curriculum Committee tell a story of consistent, generous, and scholarly efforts to identify, plan, organize, implement, and evaluate learning experiences, varied to consider differences in students and learning, relevant in terms of health-care developments and the future role of the professional nurse. Results of evaluation by students, teachers, graduates and employers continue to play a significant part in curriculum design and implementation. However, since results of retrospective evaluation are not always a completely accurate means of ensuring future success, attention was also given to the teacher-student relationship, the development of trust and of insight into student perceptions, and the concept of a partnership in learning. Faculty continued to address themselves to studying alternative approaches and new learning experiences, to different methods of scheduling, to various sizes of class sections, and to ways of offering individual or small group assistance and supporting students to avail themselves of sources of help. The needs of students for help in certain areas such as "test-taking" and preparing term papers were identified and specific recommendations and plans made for offering the necessary assistance.

We experience periods of discouragement with the pressures on both students and teachers to achieve in a fast-paced, demanding, concentrated program, involving many stressful periods. Though time is a commodity in short supply and we are spread thin and therefore not always available when students or others may wish, the eagerness, enthusiasm, esprit and good level of student-faculty communication (and among classes) this fall has been a marvelous, sustaining, and motivating experience. The aura of apathy, resistance, and anger amongst some students that simmered last spring, a result of many factors not necessarily related to the curriculum, was largely dispelled

by concerted and cooperative efforts of both students and staff.

Changes in health-care delivery settings, the many new developments in student-care practices and policies, and the rapid discharge of patients also have implications for curriculum change, the learning climate, and the ongoing orientation of faculty to new techniques or methodologies. Legal, moral, and social issues in health care require additional opportunities for student exploration and incorporation within their own developing standards, philosophical beliefs, and code of ethics.

A few of the additional curriculum areas receiving major attention were as follows:

1) The prolonged program, designed to spread learning experiences over longer time spans and utilizing different teaching methods, completed its second phase, thus meeting first level objectives. Course annual reports provide rich documentation of this endeavor and the commitment, trials, and achievement of those involved. Of the four students who entered this program, one resigned for health reasons and three completed phase I in 1973. Of these three who began phase II in September 1973, one successfully completed the objectives and progressed to the junior year; one student successfully completed all science courses, but, for reasons of time, withdrew from the latter portion of the Nursing course, thus "incomplete"; the third student did not meet the course objectives of several courses. Though success cannot be measured in traditional terms, there have been mutual gains from this experience and we remain committed to the concept of individualized approaches to teaching and learning.
2) The Open Curriculum concept was further supported by the inclusion in all course criteria of policies for course exemptions. Since the number of full or partial exemptions has increased, particularly in the social sciences, annual tuition was separated into tuition per course, facilitating and making more equitable the billing of students with irregular or less than full-time programs. While exemptions from certain courses or experiences (due to prior achievement of course objectives) result in the student saving money and having more time available for other activities, some have urged that substitute, or advanced or "enriched" experiences be provided. Other students have elected to audit for their own benefit a course in which they qualify for exemption.
3) The experiences, content, placement, and continuity in Pharmacology and Medicine Administration by various routes was stud-

ied and measures taken to strengthen this experience as a result of concern expressed by third-year faculty for students encountering difficulties. While the principles may be learned in a relatively short period of time, and with simulated experiences, the vast array and necessary knowledge of drug action and effects, the intricacies associated with various equipment and models, the differences in systems on various units and in differing agencies, and the high degree of accuracy required all contribute further to the stress encountered in actual demanding situations, with distractions and interruptions, and time limitations. This matter will require further attention as knowledge, techniques, and systems change.

4) In order to facilitate the students' continuing education as a graduate nurse, with opportunities for advanced standing and credit by examination, a form entitled "End-of-Year Summary and Distribution of Course Hours" is now included in each student's permanent record. It serves to highlight the nature of some major experiences of the course at the time the student was enrolled in it in somewhat more detail, supplementing catalogue course descriptions.
5) The concepts and practice of the Problem Oriented (Medical) Record has been implemented throughout various parts of the curriculum.

It can be mentioned here that the Board of Registration in Nursing commended the School for its "highly effective and successful professional nursing program." It also recommended continuing emphasis on community health concepts, integration of mental health concepts in all nursing courses, and the provision of additional opportunities for students to administer medications.

Student Admissions, Financial Assistance, and Activities.

Another banner year is recorded for the Admissions Office and Committee. Early in the year applications were received in such large numbers that a special plan for meetings to review records and develop an expeditious system for thorough processing of applications was established. By March all subsequent applicants were notified that they could be considered only on a stand-by or waiting-list basis, and that since the September 1974 class was essentially filled, the processing of additional applications could not be guaranteed. Of the many fine candidates, 259 applicants were appointed to achieve a class of 130. Some salient statistics follow:

545 applications received.
404 interviews held by Admissions Officer and Counselors.
259 applicants appointed.
12 men appointed; 8 entered; 26 submitted applications; 19 requested information.
3 black students appointed; none entered; 20 submitted applications.
1 oriental student appointed; 1 entered; 2 submitted applications.
50 college graduates applied; 17 entered.
31 students with post-secondary education ranging up to 3 years were appointed.
2 transfer students from Oregon were appointed to the Junior year
2 licensed practical nurses applied; none entered; 20 requested information.
1 graduate nurse from India enrolled in Maternal-Child Nursing.
1 graduate nurse from Lebanon enrolled in Mental Health Nursing. Also, one British-trained nurse completed this course for licensure requirement.
35 persons from countries other than the United States inquired about entering or applied.

The trend toward greater numbers of applicants with some years of post-secondary work or college experience continues to increase. From October 1973 to August 1974, 320 college graduates sought admission to this School of Nursing. Of the entering students 67 percent were in the first quintile according to secondary school class rank. College Entrance Examination Board mean test scores were: Verbal, 508; Mathematics, 520; English, 522; Level I Mathematics, 507. While these scores were somewhat higher than last year, many factors enter into considering an applicant's credentials.

Though recruitment activities were modified because of the uncertainty of admitting a diploma program class in September 1975, contacts were maintained with Guidance Counselors and potential applicants. Members of the Recruitment Committee participated in 12 career days or college nights; visited 3 high schools at the request of their Future Nurses Clubs; and sponsored two open houses here at the School and another for 30 students from the Stoneham High School. The Spring Open House was a happy and lively occasion designed especially for the incoming Freshmen with get-acquainted activities involving enrolled students and staff. The School catalogue was updated, 2,000 letters were sent to Guidance Counselors and potential applicants to inform them of the School's developments, and

through the Admissions Office a log was maintained of inquiries in order to keep them informed of School trends as any definitive plans might develop.

The following information about student assistance, prepared by Mr. Francis White, who combined his responsibilities as Administrative Assistant with that of Student Financial Aid Officer until Miss Valerie Young was appointed in July to the newly authorized full-time position of Student Financial Aid Officer, shows some comparisons with last year and concerns for the future.

In the School year 1973-1974, approximately half (49 percent) of the student body received financial aid through the Financial Aid Committee, an increase of 5 percent over the previous year.

A total of 164 students were awarded $184,582 of financial aid through the committee. This represents an increase of 10 students and $60,000 over last year. The Federal Nursing Student Loan, Supplemental Educational Opportunity Grants, and College Work-Study accounted for most of this increase in aid.

Because of increased costs to students, both direct and indirect, more students this year have sought out bank loans through the Guaranteed Student Loan Program. Students borrowed a total of $75,975 from this source, which represents an increase of $34,325 over last year, or 28 percent of all assistance received.

Institutional funds represent a significant percent of awards made to students, and will continue to be as some federal aid programs are either eliminated or drastically reduced.

Federal Aid Programs

1. *Nursing Student Loan Program,* funded under the Nurse Training Act of 1971, continues to be one of the primary sources of aid to students, but again, for the second successive year, the School of Nursing did not receive the amount of funding it requested.

2. *Nursing Student Scholarship Program,* also funded under the Nurse Training Act of 1971, was the smallest source of aid available to students this year. Although the total amount received was $36,510, only half this amount was awarded to students because only half of the total amount awarded to the School by H.E.W. was available before May 1974. The supplemental award could not be used in 1973-1974, but will be of use when making awards for 1974-1975.

3. *Supplemental Educational Opportunity Grant Program.* This was our second year with this program and we received 28 percent more than last year. This is an outright grant which must be equally matched with other funds administered through the School.

4. *College Work-Study Program* was also administered through the Committee on Financial Aid for the second year. While there are still problems with this program, mainly in the area of communications, it remains as the students' chief source of aid in meeting their indirect School expenses. It has also been a benefit to the hospital, as all students in this program work at the MGH.

5. *The Basic Educational Opportunity Grant Program* has been monitored by the Financial Aid Officer in processing the B.E.O.G. award through the H.E.W. Office of Education and monitoring amounts awarded as they relate to the student's total financial award.

SUMMARY FINANCIAL ASSISTANCE AWARDED

	Freshmen	Juniors	Seniors	Total
Applicants for Aid	61	58	64	183
Recipients of Aid	51	54	59	164
% of Class Receiving Aid	40%	54%	56%	49%

AWARDS THROUGH COMMITTEE

	Freshmen	Juniors	Seniors	Total
Fed. Nursing Student Loan	$ 6,690	$26,263	$29,728	$ 62,681
Fed. Nursing Student Scholarship	1,300	7,900	9,425	18,625
Educational Opportunity Grant	5,180	11,770	11,100	28,050
College Work-Study	5,235	19,821	23,670	48,726
School Scholarship Funds	19,700	700	100	20,500
Carpenter Scholarship	3,000	0	0	3,000
Kemper Scholarship	1,350	850	800	3,000
Total Aid Through Committee	$42,455	$67,304	$74,823	$184,582
Average Aid Through Committee	$ 832	$ 1,246	$ 1,268	$ 1,126

AWARDS NOT THROUGH COMMITTEE

	Freshmen	Juniors	Seniors	Total
State Scholarships	$ 2,700	$ 3,600	$ 2,100	$ 8,400
H.E.L.P. (Bank) Loans	32,650	23,175	20,150	75,975
Alumnae (M.G.H.) Scholarships	0	400	700	1,100
Total Aid Not Through Committee	$35,350	$27,175	$22,950	$ 85,475
Total Aid Received by Class	$77,805	$94,479	$97,773	$270,057

Future Trends

Lessened funding through the federal programs administered by the School has necessitated more personal commitment by the students in securing Guaranteed Student Loans and/or securing part-time employment.

In the case of the independent student, a Guaranteed Student Loan might become a necessary base of self-help if the student has total financial need where funds available to the student must be fairly proportioned.

Student Activities

A highly successful Proctor Workshop and the dedication of the students and staff contributed to the smooth implementation of the plan for integrating students from various classes in each of the residences rather than continuing to maintain a separate residence for freshmen. A week-long orientation program for the freshmen reflected a great deal of imagination, creativity, and commitment. The students seemed more comfortable and in touch with each other and with their new surroundings. Having a separate weekend day for the freshmen moving into the residences distinct from registration day for classes offered opportunities also for some families to become better acquainted with Boston and with the School facilities.

Beginning in September 1973, a broad program entitled Student Enrichment was implemented by members of the Student Personnel Services, who surveyed student interests regarding extracurricular activities. The program included a gamut of activities, with movies being shown in the residences, lectures on relevant subjects such as self-protection, and a meeting with representatives of the Boston Bicentennial Committee. In April and May a series of seminars on human sexuality were conducted on four separate evenings. Seminar consultants and speakers ranged from gynecologists, psychiatrists, and psychologists to specialists in value clarification. The seminars, well attended by students, faculty, staff, and administrators, were followed by refreshments and informal discussion.

Within the last year, students have tended to socialize with each other through the increased athletic opportunities. Students have facilities available for swimming, basketball, hand-ball, volleyball, gymnastics, pool, soft-ball, badminton, and tennis. Bicycling continues to be a favorite sport and means of transportation.

Student activities for 1974-1975 are planned to be more extensive and more frequent with the students offering a lot of leadership with staff support and assistance.

This annual report chronicles merely the highlights of the School's activities, accomplishments, and concerns. The twenty or so individual reports of various functional areas and standing committees detail the efforts of many. In achieving its goals the School acknowledges its gratitude and indebtedness to the cooperation of many departments of the hospital and agencies utilized for clinical experiences, to the various community agencies that have extended services to us, and particularly for the understanding and support of the hospital Trustees and Administration.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING

September 30, 1974

Full-time Faculty	62
Nurses	53
Non-nurses	9
On L.O.A.	3
Part-time Faculty	3
Nurses	3
Non-nurses	0
Nursing Students (MGH)	
Freshmen	127
Juniors	100
Seniors	96
Total	322

Report of the Advisory Council to the School of Nursing

During the time interval between September 1973 and May 1974, the Advisory Council of the Massachusetts General Hospital School of Nursing held six regularly scheduled meetings. The first order of business at the September meeting was the cordial welcoming of Dr. Ann L. S. Baker of the MGH Medical Staff and Dr. Anne Kibrick, Dean, Graduate Nursing Program, Boston College, to membership on the Council. They were assured by all present that service on the Advisory Council would certainly prove to be a most satisfying and rewarding experience. At the same meeting Miss Kiely, Admissions Officer of the School, gave her traditional report on the composition of the incoming class, the Class of 1976. Included in her most informative report were statistics dealing with the grades obtained by the candidates in both sections of the Scholastic Aptitude Test, age spread of the entrants, the extent of their educational preparation, and their geographical distribution, just to mention four salient items. Miss Mamone, also of the School staff, spoke briefly at this meeting concerning the difficulties that are emerging relative to the proposed reorganization of the MGH School of Nursing.

During the course of the entire year Miss Natalie Petzold, Director of the School of Nursing, kept the Council advised concerning all facets of the School's administration. She was particularly explicit when the question of the School's approval and accreditation was introduced. She outlined in great detail just how the two evaluations were conducted, the first by the Massachusetts Board of Registration for Nursing and the second by a team representing the National League for Nursing for continuing accreditation. It is most satisfying to report that the state approval was readily granted and that the NLN accreditation visit went well. However, the Board of Review for the latter group does not meet until January, after which their decisions will be known.

As mentioned above the School of Nursing is preparing, subject to the approval of the MGH Board of Trustees, to change from being a long-established diploma school into one having degree-granting authority. At several meetings throughout the year, Mr. Richard Olsen, the hospital's Educational Specialist, explained this proposed transformation in minute detail. He mentioned quite often the many committees that are working separately and in concert to bring this educational dream into reality. So far have the plans advanced that

overtures have been made to the Massachusetts Board of Higher Education for possible state approval for the hospital to obtain degree-granting authority. At year's end only a few details remained to be hammered out before the submission of the plan in its entirety to the aforementioned Board of Trustees.

At our final meeting in May it was learned that for a variety of compelling reasons it was necessary for three of the Council members, Miss Myrtice Fuller, Miss Mary E. Macdonald, and Mrs. Theodore Barrett, to tender their resignations. The School of Nursing will be eternally grateful to them for the many services they have rendered.

In conclusion, my sincerest thanks to each and every Council member for being so cooperative in all matters and a special measure of gratitude to our Secretary, Miss Marguerite Ryan, for her supererogatory efforts on behalf of all of us.

MAURICE J. DOWNEY
Chairman

Report of the Social Service Department

As this year marks the tenth anniversary of my undertaking the responsibility for the direction of the Social Service Department of the hospital, this annual report is to some degree a statement of comparison and a summary of the past decade.

The overall purpose of the department remains unchanged. Our goal is to provide assistance in solving social or psychological problems which hinder patients in obtaining the maximum benefits of medical care.

In summary, the ten years are marked by very large increases in the number of patients requiring our assistance, along with increased bureaucracy in obtaining some of the necessary services from vendors outside the hospital. Greater bureaucracy often means more restrictive regulations governing the eligibility of patients for various types of care in outside institutions or community-based programs.

In 1965, the statistics of the Social Service Department reported work with 8,650 patients. In 1974, 33,943 patients were served. From 1965 to 1972 the increase was at the rate of approximately 10% per year. In 1973, the number doubled. This major increase reflected the department's assumption of routine screening of in-patients to determine where there was a need for assistance with discharge plans. This requirement was the result of action by the Department of Public Health. In early 1972, as a condition of licensure, all hospitals were required to establish continuing care units and to screen all admissions to determine the need for special assistance at discharge to insure continuity of care. This responsibility was assumed by the Social Service Department with special responsibility assigned to the Transfer Office. We were in a good position to fulfill these requirements as the Transfer Office, established in 1964, was the prototype for the state's "continuing care unit." As a further consequence of this marked increase in numbers of patients served there has been a major shift in proportion of social service time spent in ambulatory as contrasted with in-patient care. In 1964, approximately half of our cases were referred from ambulatory care. This year, as a result of the major increase in in-patient work, the proportion of work done in ambulatory care was 25 percent of the total. In fact, the volume of work in ambulatory care remains fairly constant.

During the ten years, our staff has increased from 54 to 85. In 1965 only 7 of the 54 were workers without a master's degree in social work. This past year, 27 of the 85 were non-MSW workers. This has been a planned shift, gradually carried out over the ten years.

In 1964, we initiated a training program for young people with BA degrees to prepare them to function as assistants. The pilot program was funded by the Permanent Charity Corporation for a three-year period. The experiment clearly indicated that these young people could provide efficient and sensitive assistance to many hospital patients at less cost if appropriately trained and supervised. Though the number of patients has more than tripled with staff increases of only 50 percent, budget has tripled during the past decade. The increases in staff over this period were throughout the department but were most notable in in-patient areas, most particularly the Baker Memorial, and for the first time a full-time staff member was assigned to the Phillips House in April of 1967.

The greater need for social-work help in the private services was primarily an outgrowth of the Social Security amendments of 1965. Medicare and Medicaid brought with them increased utilization of the hospital as well as increased concern by third-party payers regarding utilization and length of stay. Referrals from the private services to our department increased proportionately. As the hospital has extended itself into community programs, five new positions were created to serve patients in Charlestown and Chelsea. No additional staff have been added since the 1972 explosion of numbers of patients screened and served.

In 1965, the annual report of this department reflected that we were at full staff despite shortages of social workers throughout the country. Now we continue at full staff; we have a high level of continuity of staff, and each year we turn away literally hundreds of well-qualified applicants for both the MSW and non-MSW positions. As always, the reputation of the hospital insures a great deal of interest in positions here among social-work applicants. In addition, careers in the human services are of great interest to young people, and unfortunately, many young people are searching for employment these days.

A profile of the patients referred to social service in 1974 would be quite similar to patients referred ten years ago except that there is more struggle with very realistic financial problems created by the high level of unemployment and inflation. The latter has particularly affected the many elderly on fixed incomes (34 percent of our patients) and the families dependent on public welfare (49 percent of our patients). Requests to the department for financial assistance increase annually. In 1965 the department expended $70,851 for direct assistance to patients. This past year $112,971.85 was expended. Each year we recover approximately half this amount from

public welfare. Transportation, camp, prosthetic devices, homemakers, and home health aides are the most frequent and costly requests. We are indebted to the following for their financial contributions which have made this assistance to patients possible:

American Cancer Society (Massachusetts Division)
Edward V. Bird Trust
Mrs. Dorothy Boardman
Boston Rotary Club
Boston Safe Deposit and Trust Company
John W. Boynton Trust
Estate of Lotta M. Crabtree
Fragment Society
Ladies Vising Committee
Lend-a-Hand Society
Mrs. Taylor Black
Miss Gladys M. Whitehouse

As mentioned, other characteristics of our patients continue to be similar to the patients referred ten years ago. The majority of our patients are those for whom curative medicine has not removed their problems and who, because of residual illness, age, and social problems, are found to require chronic care. Each year we are able to arrange home care for a larger percentage of patients referred for institutional care. Without the able assistance of the Visiting Nurse Association of the area and particularly the Boston Visiting Nurse Association, patients could not be maintained at home. Tragically, many third-party payers, especially the commercial insurance agencies, do not reimburse for many necessary aspects of home care. It has been particularly helpful to be able to rely on home care to an increasing degree this year because institutions providing chronic and restorative care have been fully utilized as hospitals have been. As a result, without home care as a major resource, more of the acute beds would have been occupied for unnecessarily longer periods by patients waiting for appropriate continuing care.

Of these referrals, 75 percent are over age 65. Sixty-five percent are supported by public welfare. Fifty-two percent have no living relative in Massachusetts. Eighty-eight percent required highly skilled services after discharge from this hospital.

The department assisted in completing extensive post-hospital care plans for 3,309 patients. Another large group of referrals are patients who because of illness, psychological problems, and social difficulties require long-term management and assistance. Families of patients in

trouble make up a significant portion of our caseload each year. Increasing assistance with acute situational stress is needed. The work in ambulatory obstetrics and gynecology (especially pregnancy and abortion counselling) over recent months is a good example of the latter.

Sixteen percent of our patients are under age 16, 50 percent are between 17 and 64, and as mentioned 34 percent are over age 65. Three quarters of all patients who receive major assistance from social service ranked in classes IV and V by the Hollingshead and Redlick indicators of social class (i.e., very limited income and education).

One of the most rewarding developments during the past decade has been the hospital's increased participation with the communities in planning and providing health care. Traditionally this department has assumed considerable responsibility for coordination of services for patients with community agencies. These activities have carried over into the expanded community-based services of the hospital. Services are integrated into the Bunker Hill Health Center and the Chelsea Health Center by the Division of Family and Children's Services, Department of Public Welfare, the Boston Children's Services, and the Erich Lindemann Mental Health Center.

A staff member of the Boston Visiting Nurse Association functions as part of the Transfer Office to provide leadership for the Coordinated Home Care Program for the Boston, Chelsea, Revere, and Winthrop areas. During the past year, representatives of the Department of Public Welfare have agreed to come to the hospital several times a week to facilitate Medicaid approval for patients requiring transfer to other institutions. Representatives of the Massachusetts Rehabilitation Commission are assigned within the Massachusetts General Hospital on a regular basis to assist in planning and facilitating rehabilitation programs for patients.

Less formal but close working relationships exist with many other social and health care providers.

Symbolic of the hospital's increased involvement with the health care needs of our neighbors has been the establishment of a Community Programs Committee with representatives of the communities and the hospital serving as members. Our involvement in providing health care in the communities, participating in health-care committees of the communities, and the work of the Committee on Community Programs has led to much-needed increased communication, knowledge of the health-care needs of the communities, and participation by the hospital in meeting these needs.

One of the major themes of the 70's thus far has been accountabil-

ity and evaluation. To this end the department initiated a peer review system in 1968. Elected representatives of all units of the department (including students) meet weekly and systematically review a randomly selected sample of the records of work done. This audit system, though self-evaluation, has proved to be a valuable educational as well as evaluative tool. In addition, we continue to collect data for administrative monitoring such as information regarding unnecessary return of patients to the hospital, and delay factors in discharge of patients. As of October 1974, a computer-based system of reporting ambulatory contact with patients will be instituted.

We continue to provide practicum experience for 22 students during a nine-month period of their master's studies. Students come to us from Boston College, Simmons and Smith Schools of Social Work, and Middlesex Community College. In-service evaluation is provided for all staff. Planning has been carried forward during this year for a social work component of the proposed Massachusetts General Hospital University. If this program goes forward it will markedly assist us in the training of assistants and reduce the in-service training responsibilities of the Department for the BA level workers.

In summary, this year we have again provided care for an increased number of patients with more problems, especially in the financial area, and with an ever-increasing paper work load created by various agencies who are asked to pay for patient care. Despite this the staff of the department functions with high morale and maintains a sense of humor when the odds seem unbeatable. They are inventive in finding solutions, often make additional work for themselves in their outreach efforts, as for example in the instance of the "Indian Clinic" recently described in the *MGH News*. They often are their own and the hospital's greatest critics if they find something wanting in the quality of care a patient receives. I salute the ingenuity of the individual members of the staff.

ELEANOR CLARK
Director of Social Service

Report of the Bunker Hill Health Center

The Charlestown-based Bunker Hill Health Center is completing its sixth year of service to the residents of this insulated community within the City of Boston. The past twelve months can best be described as a period of expansion in services and increasing awareness of the importance of cost effectiveness in providing these programs. The rate of utilization has increased in all units within the health center.

Letters of agreements have been signed with the state Department of Public Health which commit the services of the Health Center to the Early, Periodic Screening, Diagnosis and Treatment Program under Title XIX of the Social Security Act Amendment of 1967 and only recently implemented nationwide. The staff of the Health Center is now responding to the demand for core evaluations of school-age children with special needs as directed by the Bartley-Daly Act of 1972 of the Commonwealth of Massachusetts (the so-called Chapter 766 special education law).

The stability of staff and programs has contributed to the firm acceptance of the Health Center by the residents of the community and, as well, by all of the remaining community-based service agencies.

Highlights from the past twelve months' stewardship include:

School Health

The Pediatric, Nursing, Social Service, and Community Mental Health Departments are actively involved in delivering a wide range of services to the school-age population of Charlestown. The school nurses and guidance counselors employed by the City of Boston School Committee share with the staff in the coordination of these services. An early intervention program directed to the entering class of kindergarten children is completing its second year of services.

Health Maintenance

Because the center serves as family physician for the majority of the community residents, school physician to all the schools, and as consultant to the local Head Start Program, duplication of services is avoided, and primary, continuous care is effectively delivered. An increasing percentage of adults are accepting health maintenance services in contrast to the crisis or episodic oriented care requested in previous years.

Community Mental Health

This department contains the energies of both the Massachusetts General Hospital as well as the Erich Lindemann Mental Health Center in providing services to Charlestown. The variety of disciplines includes psychology, social service, speech therapy, psychiatry and psychiatric nursing.

A day-care program operates under the direction of a psychiatric nurse with the assistance of two community mental health counselors, two social workers, and MGH student nurses. The patient census is currently twenty-five.

Nutrition

Despite increasing one-to-one and group encounters, this department is actively engaged in extra-mural community oriented programs such as nutrition and consumer education programs directed to young mothers; teenage weight control groups; and an expanded hot lunch program for elderly from 27 to 100 meals per day with home delivery. There has also been an increased involvement in the MGH dietetic intern training program.

Adult Medical

Continued expansion in staff and patient visits has permitted little time for other activities. Recommendations have been made to improve the quality of the patient record in order to be more responsive to ambulatory team care needs. Particular emphasis has been given to flow sheet and past medical history sheets. Plans have been completed to evaluate a computerized history taking process at the center during the next quarter.

Dental

This department constitutes one of the most active caretaking units in the health center. The rate of utilization approximates 1,000 visits per month. The dental coordinator is responsible for the many administrative details associated with nine full-time and two part-time staff comprising dentists, hygienist, and assistants.

Nursing

Within the core of most of the patient-care areas can be found a member of this department. Whether it is a health center assistant, nurse clinician, or nurse practitioner, the patient population identifies these roles as essential to the team concept. Extra-mural endeavors include home visits, community projects, and liaison relationships

with Headstart, Visiting Nurse Association, Schools, Kennedy Center, and the Massachusetts General Hospital.

It is difficult to briefly and accurately describe the range and intensity of patient-care activities which involves a community of 17,000 and a health center staff of 104, full and part time, and an annual patient visit rate in excess of 50,000. The extent of new programming available beyond the walls of the health center into the community is one parameter which reflects acceptance and to a limited degree, success, in responding to defined unmet needs.

ANDREW D. GUTHRIE, JR., M.D.
Director

Report of the MGH-Chelsea Health Center

In October 1969, the Massachusetts General Hospital, in response to a citizens' group organized by Mayor Phillip Spelman, established the MGH-Chelsea Child Health Center. The staff at that time consisted of a pediatrician, a nurse, and a nutritionist who began to offer services to children under a grant provided by the federal government.

In the intervening three years the Center has grown dramatically in order to respond to the critical health needs of the community. The Mayor's Committee for Medical Evaluation and Development, chaired by Father Laurence Borges, approached the MGH again in 1972 to expand the Center to include services for adults.

After a year of negotiations with this Committee, Chelsea Memorial Hospital, and state planning agencies, the Center relocated from the Horace Memorial Baptist Church to a building donated by Chelsea Memorial Hospital. The new Chelsea Health Center opened its doors in December 1973.

Patient Care Services

Dr. Patsy B. Cipolloni, Dr. Donald Bentley, and Jean Delaney provided both acute and well-child care with a special emphasis on patient health education, since much of the Chelsea population has never had access to comprehensive health services in the past.

In March the pediatric service contracted to supply a medical team to the Chelsea Lead Paint Poisoning program to provide consultation to five communities and also to provide treatment to children. Sex education programs were conducted by the pediatric nurse, Jean Delaney, and OB nurse, Judith Shea, for high-school children. A contract is being written to provide school physicals and core evaluation for the 766 program in the city schools.

The adult medicine service began full-time operations in January staffed by Dr. Esperanza Cabral and Laurie O'Leary, R.N. The response to that service has been so overwhelming that two full-time family physicians, Dr. Sheila Herscovitch and Dr. Gabriela Tobias, and one nurse practitioner, Linda Newman, have joined the staff.

In spite of a great crush of patients the staff has implemented a comprehensive health-care system funded by the Edna McConnell Clark Foundation of New York. Under the direction of Ms. Kathleen Hourigan the project has made extensive outreach into the community by tying in with some Vista volunteers provided to Chelsea by the Council on Aging, by establishing an outreach clinic in an elderly housing project, and by setting up transportation from the elderly

drop-in Center to the Health Center. The project places heavy emphasis on providing comprehensive services to meet social as well as physical needs of the patients. Coordination among practitioners, and with other agencies, is assured by a highly qualified patient representative, Mrs. Lorraine Capistran, who is an integral member of the health

Judith Shea, the OB-GYN nurse practitioner, and the Administrator, Bayard C. Ewing, have set up an obstetrical program which is closely coordinated with Boston Hospital for Women and St. Elizabeth's Hospital. A formal contract has been set up with St. Elizabeth's, which now provides the Center with an OB-GYN physician, Dr. Jaleh Farahmand, 20 hours per week and an outreach worker full time. Patients also are referred to Boston Hospital for Women where coordination is achieved by direct contact between Ms. Shea and the clinic representative of the Hospital. In the first eight months of the program 90 women were enrolled.

To assure continuity of care for women, gynecological services are also provided by Dr. Farahmand.

Miss Jeannette LaBombard, supervisor of social service, has, in addition to carrying a full patient load, set up a mental health program which has fully integrated the services of four agencies. The Erich Lindemann Mental Health Center in coordination with the North Suffolk Mental Health Center has supplied a children's team to the Center to deal with children with potential educational problems. Boston Children's Services, a child welfare agency in Boston, has provided two workers 40 hours per week and the Welfare Department provides one full-time worker. Both of these agencies accept referrals directly from the Center staff, which eliminates much red tape which would occur if they were located outside of the Center.

Easter Seals of Boston has provided a speech therapist one day per week to do evaluation and therapy on patients of the Center.

Susan Shulman, the Center's second social worker, has devoted most of her time to establishing the team concept of health care with the Clark Program for the Elderly, as well as handling most elderly referrals.

Janet Yost, the Center's nutritionist has set up weight-reduction groups for the elderly and has done outreach to many groups within the City.

In addition to these services, the Center has also developed specialties in pediatric neurology, dermatology, and podiatry. The neurology service is provided by Dr. Cipolloni, the dermatology by Dr. Merrill Leteplo, and the podiatry by a local physician, Dr. Jordan Winer. Additional specialties in ENT and surgery are planned for the future.

In February a new three-chair dental unit was opened to provide dental services for children. Staffed by Dr. Lawrence Hill, the service began with a six-month waiting list. Extensive outreach and education was conducted in the schools where 350 children were screened by the hygienist, Judith Gilman. Many referrals were made to local dentists due to the enormous caseload which was uncovered.

Funding

Since Chelsea is one of the most economically deprived communities in Massachusetts the Center must rely to a great extent on charitable contributions by individuals and foundations, as well as state and federal granting in order to provide the services needed by the community. Twenty-two percent of the registered population has no medical insurance of any kind and another 23 percent have medical insurance which does not cover outpatient care. The Center bills all third-party payers. We are appreciative of the assistance provided by grants from the Edna McConnell Clark Foundation, the Merrill Foundation, a Children and Youth Grant from the federal government, and grants from Permanent Charities, United Community Services, and trust funds of MGH.

Utilization

As of September 30, 1974 a total of 6,439 patients were enrolled in the Center. Of these 89 percent are from Chelsea, 5 percent from Revere, and the rest are from other surrounding communities. Approximately 300 new patients are enrolled each month. Services are rendered at the rate of 1,700 visits per month.

Consumer Advisory Board

A Consumer Advisory Board has been established, elected in a city-wide ballot of consumers who use the Health Center. Chaired by Mr. John Scrivano, its members are Florence Baronoffsky, Lawrence Berman, Constance Caloggero, Jane Claflin, Eleanor Clark, Gertrude Cosgrove, Ada Pechner, John Scrivano, Roberto Sotelo, Helen Zucco, Helen Hederson, and Dr. Andrew Guthrie. Jane Claflin and Eleanor Clark are two representatives from the MGH and Helen Hederson and Constance Caloggero are representatives from Chelsea Memorial Hospital.

Chelsea Memorial Hospital

The Center has been made possible by a contractual agreement between Chelsea Memorial Hospital and the MGH whereby Chelsea

Memorial Hospital donates the building for use as a Health Center, and in return the Center uses their lab, X-ray, EKG, and emergency services. In addition, 35 patients were admitted to the hospital for inpatient care. The Center also uses private clinics at the hospital for urology, orthopedics, and surgery. Two Chelsea Memorial Hospital physicians have been granted staff privileges at the MGH and several physicians at the Center have staff privileges at their hospital.

Summary

Since the Center opened in October 1971, Chelsea has lost one-third of its private physicians through death or retirement. Traditionally, economically and socially deprived communities like Chelsea have been unable to attract physicians to practice in their communities. The Chelsea Health Center was organized to replace that private physician by a medical team which would bring the latest medical technology to meet the physical and social needs of patients. By combining the resources of the MGH and the Center, the hope is to attract physicians and other professionals who have a long-term commitment to family oriented, personalized, comprehensive health care.

ELEANOR CLARK
Director

Report of the Medical Station at Logan Airport

During the year much community activity was directed toward developing all aspects of medical response to possible aircraft disasters. Preparedness and response drills were periodically carried out. An increasing awareness of the importance of radio communications developed. Two mobile radio transmitter receivers were obtained. Direct voice interaction with the telecommunications center within the hospital is now possible. Such emergency exchanges are also monitored continuously by the Boston Police Department, thus increasing the effectiveness of our disaster communications. A detailed emergency procedure book has been prepared and protocols accepted. Two major aircraft disasters occurred during the year. The response effort of the community of interest was exemplary. To insure immediate awareness of even a potential incident a new telephone alert system has also been installed. This monitors pertinent exchanges between the operations office of the airport and the Fire Control Station.

The nurse clinician is still the primary caretaker at the Medical Station. The need for a continuing program of professional nurse education is fully appreciated. Another nurse clinician completed the nurse practitioner course offered by the hospital. Several Medical Station nurses again participated during the year in Staff Education classes and in Nurse Audit activities. Selected videotape recordings were transmitted via our telemedicine interactive television circuitry. Medical Grand Rounds are also transmitted weekly to the Medical Station from the Shriners Burns Institute for staff continuing professional education.

One examination room at the Medical Station was modified nearly three years ago to serve as the site for our studies relating to the ideal examination room. A partially enclosed wall storage unit identified as a wall console was constructed and filled with appropriate medical and nursing supplies. Daily patient examination experiences within this examination room by both the nurse clinician and the physician clinician has since revealed many of its deficiencies. The coming year will be devoted to internal rearrangement of this site. The objective is to achieve an examination room which has environmental considerations necessary for patient comfort while keeping available, literally at arms length, all of those adjuvant materials necessary for complete examination of the patient. A special study, part of this over-all effort, has been initiated to define optimum examination room lighting, often

a neglected consideration in actual daily practice.

During January 1974 it was possible to direct some of the still remaining Telecounsel funds received from the Massachusetts Port Authority to the production of videotape cassette teaching and educational activities. Under the direction of Mr. Peter Baginsky, film maker, a series of videotape recordings entitled "Stay Well for the World Traveler" averaging 5 minutes in length were produced. The nurse clinicians themselves selected topics of particular interest ranging from the need for and the nature of specific immunizations to management details of many of the ailments which affect the traveler. Since April 1974 these tape recordings were shown in the reception area on a regular daily basis to patients and to individuals attending the Medical Station for immunizations. In addition, a series of the short videotape recordings entitled "A Medical Minute" was also produced by the staff. Both sets of health-education tapes have been evaluated by samples of the patient audience and found to be acceptable.

It is realized that health education of the general public by any mode has not been notably successful. Cigarette consumption and alcohol ingestion continue to increase. A hypothesis being explored here is that patient and pre-patient *disease awareness* education will be more effective in health maintenance than current health education efforts. Disease awareness focusses upon consumer symptoms, signs and access to the provider. It uses every instructional mode.

In addition to this type of television disease awareness activity it has also been possible to develop a bi-weekly disease awareness column entitled "The Sophisticated Traveler" for the Airport Journal which is regularly distributed to at least 30,000 readers. Selected columns are being adapted for brochures.

The final analyses of all audiograms and tympanograms collected on the 3,322 children studied during the special hearing project initiated in 1973 have been completed. There are now two sets of evidence that aircraft noise has no measurable effect on the hearing acuity of school children living in the immediate vicinity of the Medical Station at Logan International Airport. The incidence of bilateral sensori-neural hearing impairment sufficient to cause handicap is no higher among children living close to aircraft flight paths than for children living far from the airport. The sensori-neural gap, a newly devised measure of high tone loss, is no lower for the highest noise region than for the lowest noise region. These findings will be of considerable significance to many communities.

In September 1974, the metric system of measurement was introd-

uced. Because of the unique ability of the entire staff to conduct objective appraisals, it is hoped that documentation of the difficulties experienced in introducing this linear, volumetric and gravimetric system will later assist the hospital itself. Since this type of change also affects consumers, there is the associated need for patient education. An informational brochure has already been prepared and will be made available to patients after the staff has become thoroughly familiar with the metric system and its impact.

In July 1974 Niranjan K. Dudani became the first full-time physician on our staff. A portion of his effort will be directed toward the expansion of our aviation medical examination program. This type of evaluation determines flying fitness as defined by the requirements of the Federal Aviation Administration. Under his immediate direction a different type of alcoholism prevention clinic intended for the problem drinker has already been initiated.

KENNETH T. BIRD, M.D.
Director

Report of the Dietary Department

The goals we set in 1973 afforded us purpose and direction during 1974.

One of the greatest challenges was dealing with the increasingly diverse and changing market. The vigilance of staff-personnel committees to keep informed on price trends and to reconstruct the menus accordingly, without sacrificing quality food service, was reflected in the September summary. The Dietary Department operated within its predicted budget.

In 1973-74 our total expenditure amounted to $4,704,759. Raw food costs totaled $1,613,535, a 10 percent increase over the previous year, 5.8 percent below the government index. Cost increases continue to plague us. From time to time they out-space our best efforts to offset them, but we look to ourselves for improvements in productivity and management.

There have been several major improvements in the physical plant. Both main kitchens, the cafeterias, the dishroom, and the bakeshop, are now air-conditioned with lowered ceilings and improved lighting. The cafeteria decor color coordinates bright formica-topped tables with attractive drapes and newly painted walls and ceilings. Dietary offices in Vincent-Burnham, Baker Memorial, and Bulfinch have been relocated and completely refurbished. Several pieces of heavy-duty equipment have been installed in the White Kitchen. A battery of modern wall-hung, steam-jacketed kettles replaced the original unit (1939); a scrapping table and pot washing machine make that unit more efficient. The replacement of four-burner gas stoves and coffee makers has been completed in all floor pantries.

During all this construction and reconstruction the quality of service — the benchmark by which we gauge our performance — has been maintained. Although the 1973-74 report does not show any marked change in census, there has been a 24 percent increase in the number of discharge instructions and nutrition referrals for patients going to extended care facilities. In-patient units note one graphic difference — they are teaching 25 times as many low-cholesteral/low-saturated-fat diets as they were five years ago. This indicates broadened acceptance of dietary risk factors in coronary heart disease. The outreach of the in-patient services and the extended role of the nutrition clinic continues. Clinical dietitians have participated in data collection for a study on the nutritional implications of hyperalimentation and

recovery from heart surgery, served as team members, making bi-weekly site visits to extended care facilities, and as instructors and/or consultants for other disciplines as needed. The same type of effort is reflected in the development of prenatal nutrition classes and a weight-control group for ambulatory patients led by the staff in the O.P.D.

Several ongoing projects will affect the future policies and/or practices within our department: the planning and development of the Gray 7 satellite kitchen, immediate intermediary and long-term plans for the Phillips House food service, the advisability of the extended use of convenience foods (to include the commercially prepared tube feeding), the application of the computer to procurement and accounting practices, etc.

Staff interest in continuing education is exemplified by the fact that more than half the group was enrolled in a graduate study program through the MGH tuition-aid program. Also, the department has taken an active role in implementing the concept of an MGH University.

National honors were bestowed upon the MGH when Annie Galbraith, Associate Director of the Dietary Department and Dietetic Internship, became the 51st president-elect of the American Dietetic Association.

It is a time to pause and reflect with pride on our past accomplishment, but even more important, it is an opportunity to consider the future to which we must now address ourselves.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the Treadwell Library

Historically libraries have been responsible for collecting and preserving the record of man's accumulated knowledge. For most libraries this meant acquiring as many items as possible and storing most of them on the chance that someone might need to use one of them. It meant that year by year they grew in size, acquiring at least 10 new documents for each one they discarded. The onslaught of the scientific information "explosion" after the second World War created an even greater rate of growth in medical libraries. In the sixties their collections of books and journals were increasing at the rate of 7-9 percent per year. The Treadwell Library's collection increased by 50 percent in the last 10 years.

Providing space for such a rate of growth is impractical if not impossible; therefore all but the largest libraries are attempting to switch from a "storage house" role to a more active role in disseminating information. They are creating networks of libraries for cooperative sharing, and relying on the large national libraries to store and preserve the record of man's knowledge.

When medical libraries collected comprehensively it seemed reasonable to assume that the user would eventually find the information he needed if he searched long enough. To some users it must have seemed that libraries presented a formidable challenge. With a collection carefully selected to meet the greatest and most current needs, with health-science knowledge continuing to grow in exponential leaps, and with the techniques of information storage and retrieval increasingly complex, the medical library must drop its passive/aggressive stance to actively provide for the user quick access to information however and wherever it is needed. The library of the seventies will need to be ubiquitous in the institution it serves if it is to fulfill its function.

Plan for the New Role

In the fall of 1973, with not one inch of empty shelf space available, it was decided to abandon the "storage house" role of Treadwell Library for a more complex, active role in providing information. Developing long-range plans for the Library's role as an active health-science library serving the information needs of all health-care practitioners, research scientists and students fortunately coincided with a request to prepare a provisional plan for a library to serve both the hospital and a potential MGH Educational Division of Health Sciences. The plan prepared for the potential Educational Division Library,

which describes philosophy, missions, goals and objectives, space and staff requirements, and budget allocations, is equally applicable, with some obvious amendments, to the Treadwell Library. Whether this Library continues to give service as the Treadwell Library or expands its responsibilities, its primary missions should be the following:

1) to provide carefully selected resources in order to meet the needs of the institution for health-science information,

2) to offer services which will provide information in an interactive mode to users whenever and wherever they most need it,

3) to develop an active educational program of instruction for users on how the health-science literature is organized and how to access it,

4) to develop cooperatively with the Francis A. Countway Library of Medicine and Simmons College School of Library Science a practicum for health-sciences librarians,

5) to conduct applied research on the most effective methods of collecting, organizing, and disseminating information producing results which must be immediately applicable to this library and contribute significantly to knowledge in the field of library/information science.

Implementing the New Role

The first step taken in assuming the new role was to pare down the size of the collection so that volumes could be efficiently shelved and easily retrieved and to provide space for two years of expansion, which would allow time to study essential needs for materials and consequently for space.

1) Nineteenth-century journal volumes with brittle paper and broken spines which could not be rebound nor sold were discarded,

2) Rare and historically valuable books were sent to the Countway Library Rare Books Department on permanent loan,

3) 700 old books (many not cataloged as part of the Library's collection) were sold to old book dealers for $1,450.00,

4) Seldom used *Chemical Abstracts* and *Excerpta Medica* were sold for $4,500.00,

5) Book-by-book review of the active book collection was begun to weed out little used titles,

6) A shift of the entire journal collection to provide more space resulted in placing about 3,100 volumes of journals published before 1930 on closed shelves in the vault to study use.

Weeding or paring of the collection reduced it by 3,314 volumes. Acquisition for the year totaled 1,338 volumes. In addition the Social

Service collection of 827 volumes was integrated with the Treadwell collection to make the Cabot Memorial Room available for library work space. After all that, the collection of 40,670 volumes at year's end was down to only 39,673 volumes with a possibility of disposing 3,100 more journal volumes.

The second step was to begin to determine user needs and to develop policy for building a truly viable collection which would fill current and central needs for information and discard little-used or out-of-date material.

1) Conducted questionnaire survey of user's opinions on how effective the library was in serving them. Survey revealed areas to improve, particularly the book collection,

2) Analysed potential users (4,174) by professional title and specialty,

3) Interviewed chiefs of service and department heads,

4) Studied the use of the collection by implementing a continuous study of photocopy service requests by journal title and year, and the use of journals shelved in the vaults. Further periodic studies of use of journals at tables and for self-service photocopying were planned for next year. Data on inter-library loan requests were organized for further study.

5) Began to establish tentative policies for book selection and retention based on impressions of use gathered during book-by-book review of collection.

The third step was to improve and develop services to assist users in retrieving information.

1) Established daily MGH messenger service to Countway Library to reduce average wait for inter-library loans from 5 to 10 days to 3 to 5 days,

2) Improved *Medline* computer literature searching service by:

a) sending librarian to National Library of Medicine for 3 weeks of intensive training in search strategy using new capabilities of the system,

b) conducting more extensive interviews with requestor to increase specificity and relevance of searches and to exploit fully the new sophisticated techniques for retrieval,

c) reviewing and revising search strategy for all monthly update searches,

3) Developed instructional sessions on the use of the Library for students and staff from Dietary, Social Service, and Respiratory Therapy Departments,

4) Established a monthly column in the *Hot Line* called "New in

Treadwell Library" to alert and educate staff on new acquisitions, indexing services and reference sources.

5) Initialed a pilot study to assist the Pathology Department in managing its departmental library. If effective the system developed can be used for application in other departments at cost.

Changes in Staff

A large turnover in staff during the last year made it possible to convert most part-time jobs to full time. This has provided more stability to the staff which now numbers 9 full-time and 2 part-time people. In addition, the organizational structure of the library was changed so that all library activities were divided into two units, Public Service and Technical Services.

Two well-experienced professional librarians were added to the staff to head each of these units. Mrs. Helene Leighton, formerly head of the Nursing Library at Hartford Hospital in Hartford, Conn., is Librarian in charge of Public Services, such as reference, interlibrary loans, photocopy services. Ms. Toby G. Port, formerly cataloging librarian at Yale University Medical Library, is Librarian in charge of Technical Services, which includes responsibility for acquisitions, cataloging and collection development.

This new organization provides for more effective supervision of the day-to-day operation of the Library and implementation of changes.

Areas of Emphasis for Change in Role

In order to function effectively in actively providing health-science information, the Library during the next few years must assign highest priority to the following activities:

Systems should be developed to continuously provide quantitative measures of the use of the collection in order to provide objective criteria for maintaining a highly selective, viable collection of information resources.

Services should be developed to disseminate information wherever and however it is needed in the institution, such as, perhaps, a telephone information service, rotating collections on patient floors to support continuing education sessions, assigning clinical librarians to patient-care teams to provide the latest information on the best methods of care, current weekly reviews of the literature published on specific conditions for use in weekly staff conferences.

Costs of library activities must be allocated by means which will

1) reflect comparative costs of activities and services,

2) provide costs as criteria for evaluating activities,
3) reveal comparative costs of service provided to specific groups,
4) and eventually, justify increasing or decreasing percentage of service allocated to such sectors as research, education, or patient care.

Finally, our most important goal will be to maintain the tradition of excellence which has always distinguished the Treadwell Library's service to the hospital.

JACQUELINE BASTILLE
Librarian

Report of the Volunteer Department

In this report, it is always a privilege and an honor for me to tell about the dedication of the volunteers and to express appreciation for their efforts on behalf of the patients, their families, and the hospital staff. A total of 878 volunteers contributed 64,321 hours; 236 were students. The pin given by the American Hospital Association for 100 hours of volunteer service was awarded to 124 volunteers.

It is rewarding to watch the steady growth of the Men's Volunteer Group since its founding in 1965 and to know that, with their help, we are now better serving all patients, their families, and the staff. The group consists of students, business, and retired men.

Louis Yoffe, who is a clerk in the United States Postal Service, was the 13th recipient of the Jessie Harding Award for Volunteer Service, which is given each year at the Volunteer Recognition Party, sponsored by the Trustees and the General Director, to one outstanding volunteer who represents the spirit of the Volunteer Department. In presenting the award to Mr. Yoffe, Dr. Charles A. Sanders, General Director, said . . . "You have given over 200 hours a year for ten consecutive years of dedicated service . . . During your many hours of service to the pediatric patients and the Emergency Ward, you have understood the anxieties of the patients and their families and have given them friendly support and shown the true meaning of the word 'volunteer' . . ."

Recently, a considerable contribution by the male students, as reported by Mrs. George L. Blackman, Coordinator, has been made by nine Catholic Memorial High School seniors from West Roxbury, Massachusetts, each of whom gave an average of 337 hours. These student volunteers worked in the Hematology Laboratory, Recreation, Clinics, and Telemedicine. An article and photograph about their experience and contribution appeared in the June MGH *Hot Line*.

A retiree, Mr. Walter Hughes, and 20 volunteers performed the enormous task of placing 38,000 new I. D. plates for Clinics patients in envelopes for mailing. They contributed 280 hours and completed the project ahead of schedule. Another retiree, Mr. Irving Baron, using his business skills and the help of eight volunteers, assisted the MGH United Fund Drive. Both groups were commended for their excellent work.

Since 1967 Mrs. Jacqueline Cashman, Mrs. Harry Gorin, and, more recently, Mrs. Herman B. Cohen have assisted Dr. Richard R. Peebles, Chief Psychologist, Child Psychiatry Unit, and played a very important part in the development of a content-scoring guide for the

Rorschach test. They have also assisted in collecting data for this and several other projects, among them, studies of birth order and of brain dysfunction. Lately, they have been engaged in tabulating mothers' responses to a questionnaire for the immediate purpose of developing normative data for studies of mother-child interaction in various kinds of referral problems. They have also compiled and scored a large amount of data from various tests of perceptual and cognitive functioning administered in our psychological test battery.

The Patient Care Representative Program, which was started in July 1973, has involved 20 experienced volunteers. We were glad to be included in this new service. With the supervision of Isabella Tighe, Patient Care Representative, and the leadership of Mrs. Thomas Hackett, an MGH Service League member, good progress is being made through a detailed questionnaire designed to illuminate the general problems and specific patient requests.

A glance at our new summer recruitment results for the past five years shows some interesting facts:

Mid-June through Mid-September 1970-1974

	1970	1971	1972	1973	1974
Volunteers registered	110	175	145	139	98
Did not return - change of plans	9	22	26	27	20
Active	101	153	121	125	97
Student volunteers (16-18)	40	50	20	21	10
College students	25	40	54	66	64
School teachers	13	10	7	5	4
Male volunteers - Adult	20	2	3	3	3
Received 100-hour service pin	10	6	13	21	19
TOTAL NUMBER OF HOURS	5,046	6,764	5,010	7,416	6,694

A five-month evening statistical study by Marjorie T. Bennett, Assistant Director, revealed an average of 15 patient-care volunteers, 16 recreation volunteers, and 8 Emergency Ward volunteers per week, in addition to 6 other volunteers who work at a variety of jobs including the Blood Bank, Screening Clinic, Medical Clinics Hospitality, Library, Art Wagon, and Chaplaincy service.

Twelve volunteers assisted with 11 tours, 2-1/2 hours long, which included designated areas and an audiovisual presentation. There were approximately 200 guests who took the tour.

The Greater Boston Chapter of Red Cross Arts and Skills Volunteers, under the enthusiastic leadership of Amelia Peabody, provided both the skill and materials for textile painting and ceramics for 410 patients in the units this year.

We welcomed the following new members to the Trustees Advisory Committee to the Volunteer Department: Mr. Richard Felone and Mr. Oscar Miller of the MGH Men's Volunteer Group and Mrs. Michael Wynne-Willson and Mrs. Courtenay Crocker, Jr., representing the Vincent Board of Managers. Guest speakers were Dr. Charles Huggins, Director of the Blood Bank and Transfusion Service; Mr. George Parkhurst, Director, Blood Recruitment Program; Mrs. Rita Flaherty, Donor Group Coordinator, MGH Blood Bank; and Mrs. Evelyn Olschewski, Communications Director.

The staff participated in three educational programs. The first was the American Hospital Association's three-day workshop of the American Society for Directors of Volunteers at the Statler Hilton. I was pleased to be recognized at the luncheon meeting by our State Association for twenty years of service as consultant and past president. The second program was the Radcliffe Institute Volunteer Management two-day program. Both were extremely informative. The American Hospital Association asked me to participate in their Management Program by serving on a task force committee. I submitted a written record of my duties and services for two weeks. Details concerning material and systems used were included. The ultimate goal of this committee will be to come up with a check list that will be of help to the Association and Administrators.

We have heard from two graduates of the MGH leadership course — Joyce Carroll, now the Administrator of the John Hunt and Mary Hunt Homes in Nashua, New Hampshire and Aida Pagan, appointed the first full-time Director of Volunteers at Gouverneur Hospital in New York City. We wish both of them continued success. Betty B. Cramer, Director of Volunteers, Kaiser Foundation Hospital, Portland, Oregon came for consultation service. The MGH Alumni Directors of Hospital Volunteer Services held its annual meeting at the New England Hospital Assembly on March 26.

Contributions of $787.00 to the Volunteer Department Fund brought the total to $3,533.00.

We felt a special loss this year with the death of Mrs. Bettina Ware. Her presence and help on the Radiation Therapy Hospitality service is sadly missed by everyone.

The continuing challenge for us all is to direct the activities of volunteers in such a way that our efforts will help to meet human needs.

MARY RUTH WOLF
Director, Volunteer Department

Report of The Volunteer Services Committee

The Volunteer Services Committee continues to bring together and organize the volunteer efforts of all the auxiliaries within the hospital. Mrs. Maeve Blackman, the able coordinator, works closely with the Volunteer Department and the leaders of the member groups: the Ladies Visiting Committee, the MGH Service League, the Vincent Board of Managers, the Distaff Club, the Ladies Visiting Committee of the Massachusetts Eye and Ear Infirmary, and the McLean Hospital Auxiliary.

This year the Committee has welcomed as members representatives from the North End Community Health Center, the Bunker Hill Health Center, and the Chelsea Health Center to further mutual cooperation and understanding. It became apparent that many of the member groups had missed the general meetings that used to be held three or four times a year for open discussion of activities and problems. Therefore, the Committee held one meeting in November, 1974 and plans others during the coming year. Strengthened by community representation, these meetings can be of great value in assessing the work of the Committee and where further volunteer efforts are needed.

MRS. NELSON W. ALDRICH
Chairman

Report of the Ladies' Visiting Committee

October 1974 marks the beginning of the 105th year of service to the Massachusetts General Hospital by the Ladies' Visiting Committee. The many changes in hospitalization and treatment have brought about new areas and programs needing our support. Three good examples are the Patient Care Committee, Radiation Therapy Hospitality and the Needlework Program. Visiting, once our primary concern, continues but as an offshoot of these and other valued services.

We are deeply grateful to each chairman, committee, and volunteer who has contributed so much to the success of: the General Store, Travelling Store, Coffee Shop, Flowers, Children's Service, Christmas Program and Decorations, Hospitality, Tours, Membership, Needlework Program, Art and the Art Wagon. A very special thanks goes to the ladies who serve on the Radiation Therapy Hospitality Committee for their devoted service to those patients who are so appreciative of the sensitive and understanding attention they receive. Mrs. John Ware was truly inspirational as their chairman. Her own great interest and leadership have made this one of the most valued services in the hospital.

Last February we celebrated Mrs. Francis C. Gray's 50th anniversary as a member of the Ladies' Visiting Committee with the added attraction of Mr. Gray and Dr. Sanders as our special guests. In April we sponsored the lovely needlework exhibition by the Hedlund group at Pine Manor Junior College. It was not only a financial success but also an excellent public relations program in the community for the Massachusetts General Hospital.

Excluding our regularly budgeted projects, our major financial contributions represented a wide variety of programs: The Warren Library, Primary Care Unit in the Clinics, Garden Therapy on White 9, MGH-Chelsea Health Center, Recreation Program, Clinics Playrooms, and several others. It is the great success of the General Store that enables us to support these projects, plus bequests generously left to the Ladies' Visiting Committee over the years. Our fulfillment of vitally needed requests enriches the entire hospital and is particularly meaningful now, as the MGH looks for any extra funds to support it.

In 1974 we welcomed with great pleasure as new members Mrs. W. Gerald Austen, Mrs. Lewis H. Clark, Mrs. Charles A. Sanders, Mrs. John E. Sheldon, and Mrs. William Speer. We recorded with deep regret the deaths of Mrs. Hildreth M. Clark, Mrs. Chester M. Jones, and Mrs. John Ware. We accepted with regret the resignation of Mrs. Paul S. Russell, Mrs. Harvey Spencer, and Mrs. John W. Weeks.

We were most fortunate in having as our guest speakers Dr. Norman Bernstein, Chief of Children's Psychiatric Service; Dr. Francis deMarneffe, Director of the McLean Hospital; Miss Isabella Tighe, Patient Care Representative and Administrator of the E.W.; Dr. Rita M. Kelley, physician on the MGH medical staff, and Dr. Charles A. Sanders, General Director of the MGH.

Our treasurer reports a balance on hand of $6,300 on October 1, 1973. Receipts for the year totaled $50,282. We spent $43,606, of which $24,662 was payment for the remodeling of the Volunteer Office, leaving us with a balance of $12,976 on September 30, 1974.

With the ever increasing volume of patients, new treatments, and programs, there is a vital need for our support in many varied capacities. We have a very real obligation to this great hospital and with our varied talents and resources can make a meaningful contribution to its patients, families, and visitors. We will need the interest and support of each member in order to fulfill our goals.

LOUISE C. RIEMER
Chairman

1974 Financial Report of the General Store

Balance on Hand — December 31, 1973			$ 41,211.56
Cash Receipts			231,805.44
Total Receipts			$273,017.00
Expenses:			
Salaries	$47,288.17		
Fringe Benefits	3,534.00		
Hospital Pension (Burnell)	475.68		
Social Security	2,634.41	$53,932.26	
Stock Purchased:			
Outside Vendors	$138,505.10		
Upper Store	125.05	138,630.15	
Utilities		222.00	
Miscellaneous:			
Postage	$ 4.65		
Medical Art	42.00		
Photo Lab	88.50		
Christmas	100.00		
Maintenance	230.06		
Freight Charges	264.28		
Commonwealth of Mass. — Sales Tax	3,932.26	4,661.75	
Total Operating Expenses			$197,446.16
Paid to Ladies Visiting Committee			25,000.00
Balance on Hand — December 31, 1974			$ 50,570.84

SUMMARY

Receipts	$231,805.44	
Expenses	197,446.16	
Cash Gain	$ 34,359.28	
Increase In Inventory	1,780.18	
Operating Gain for 1974	$ 36,139.46	
Value of Inventory December 31, 1974		$11,837.73

The fiscal year of the General Store remains on the calendar year.

ANNA P. REVERE
Treasurer

Report of the Service League

Last fall the MGH Service League began its 23rd year of service to the Massachusetts General Hospital and its foreign visitors program. In September 446 invitations were sent to staff wives and non-medical people interested in volunteer work at the MGH. At the present time our Service League consists of 326 paying members of which 135 are supporting members at $10.00 each and 191 are regular members at $3.00 each. Additional individuals contributed $15.00. Thus, our income from dues and contributions was $1,938.00.

The Reception Center for International Visitors, under the superb supervision of Co-chairpersons Mrs. Dorothea W. Webster and Mrs. Howard Ulfelder, ran smoothly. This Center was staffed by 14 workers who gave some 998 hours registering 89 visitors from 29 countries. Our very capable Housing Chairperson, Mrs. Lawrence E. Martin, reported that 50 single visitors, six couples and 32 families requested housing. All were accommodated; 31 in furnished rooms, 54 in apartments, and four in private houses. Fifteen hospital departments were represented. The largest numbers came into the Department of Medicine (19), Surgery (17), and Anesthesia (14), with a scattering in the other areas. Mrs. C. Miller Fisher and Mrs. Henry Warner, Co-chairpersons of the Funiture Exchange, supplied 62 families or single people furnishings for their dwellings. Eighty-five trips were made to the furniture storage barn this past year. Mrs. Ashby Moncure distributed 126 tickets to our visitors: 114 to the Symphony and 12 others to Indian Music Concerts, theater, opera, and art shows. We are grateful to the Peabody Music Foundation for donating tickets for our visitors.

Under the adept guidance of Clinics Chairperson Mrs. Joseph N. Lyons, volunteers have contributed 1,111 hours to the MGH Clinics Service. Fifteen volunteers have worked 206 days in various areas: Clinics Balcony Information, Ambulatory Screening, Rehabilitation, Medical, Surgical, Pediatric Clinics, Patients Activity Center, and Special Projects. It is estimated these 15 volunteers answered some 19,370 questions asked by patients and visitors.

Our very enthusiastic Hospitality Chairperson, Mrs. Glenn H. Roverson, reports that the summer program included four pool parties, two beach parties, and a picnic followed by a nature walk. Total attendance was 315 at seven parties: 223 foreign visitors, 31 local drivers, and eight foreign drivers participated in these outings. Eight foreign visitors were placed in members' homes for Thanksgiving dinner.

Mrs. Harold Wilkinson, Chairperson of the Chapel Concerts, arranged 13 concerts last year. She asked musicians from the hospital family to participate whenever possible. Her committee of 10 workers gave 180 hours to make the patients' stay in the MGH more enjoyable.

MGH Night at the Pops was a huge success; Mrs. Juan Taveras was in charge of this event.

The White and Gray Information desks were staffed by eight workers giving a total of 796 hours under the direction of Chairperson Mrs. Oliver Julin.

The Annual Mid-Winter Luncheon was held at the Women's City Club of Boston on March 4,1975. Dr. Claude E. Welch gave an illustrated talk, "China Today." Chairperson Mrs. Elias G. Dow made the arrangements for this event.

The Annual Meeting held in Walcott House was presided over by Mrs. Dorothea W. Webster, who presented the American Hospital Association pins. Mrs. Lawrence E. Martin received a 1,000-hour pin, Mrs. Majic Potsaid a 500-hour pin, and six additional members received 100-hour pins. The speaker of the day was Miss Isabella Tighe, Director of the Emergency Services and the Patient Representative Office at the MGH, whose subject was "Another View of Patient care." Miss Tighe gave us an interesting insight about new concepts of the relationship between patient, volunteer, and those delivering professional health care.

ELAINE C. DARLING
President of the Service League

Report of the Distaff Club

The Distaff Club is composed of the wives of house officers, clinical or research fellows, and staff members, in addition to interested female physicians at the Massachusetts General Hospital. It has primarily been a social organization with a variety of educational and volunteer projects. The trend now is that the wives are involved more with their families, school, jobs, and community activities. The emphasis for the future is that Distaff will be more of a welcoming organization to help women become better acquainted with the hospital, the Boston area, and each other.

Officers of Distaff are selected by the middle of March of each year. The new board works together with the presiding board for one month and then assumes full responsibility by May. The officers for 1973-1974 were: Mrs. Leonard Zir, President; Mrs. Leslie Kalisher, Vice-President (Program Coordinator); Mrs. Daniel Becker and Mrs. Arlan Fuller, Vice-Presidents (Area Coordinators); Mrs. Lewis Tannenbaum, Secretary; and Mrs. Charles Otto, Treasurer. Officers for 1974-1975 are: Mrs. Thomas Dodson, President; Mrs. Ronald Hainen, Vice-President (Program Coordinator); Mrs. John T. Goodgame and Mrs. Jose Gonzalez, Vice-Presidents (Area Coordinators); Mrs. Peter Rich, Secretary; and Mrs. Blase Carrabello, Treasurer.

Service projects undertaken during this period included the annual Halloween and Valentine parties given for the pediatric patients in Burnham, puppet-making by Distaff members for incoming pediatric patients, and a housing service (conducted by Mrs. Ernest Ring, 1973, and Mrs. David Stulberg, 1974) for those house officers, etc., attempting to find apartments and homes in Boston and the surrounding areas.

During the fall and winter, the meetings and social activities included tours of the MGH, the Clinics, and Shriners Burns Institute; a make-up demonstration and lecture at Mam'selle Boutique. The annual Distaff-Service League function was a skating party which took place in March. A Parent Effectiveness Training Lecture was scheduled in April. In June we attended the Annual MGH Night at the Pops.

With the arrival of newcomers to the hospital, a more personal attempt was made to welcome the new wives. Letters were written to each new intern wife by the President and members of the board. A "Welcome Packet" filled with information about MGH and Boston, including Distaff's own booklet "Distaff Suggestions," was prepared

and distributed to each new arrival.

The July Welcome Party was a joint function between the House Staff and the Distaff Club. This was an informal mixer held on the Bulfinch lawn. The Distaff Summer Program included a trip to the Children's Museum, Lake Cochituate swimming party, a tour of Drumlin Farm and the Gardner Museum, Wingaersheek Beach Party, a visit to the New England Aquarium, and a Salem house tour. During the month of August, informal teas were held to acquaint newcomers to Distaff members in their particular areas.

In September, Distaff presented a Fall Fashion Show for its members and guests at the Harvard Club of Boston, where fashions were featured by Bonwit Teller.

The "Distaff News," the club's newsletter, is published every seven or eight weeks to keep members informed of club activities and events.

As of December 1, 1974, Distaff had 93 dues-paying members. Financial support was provided by annual dues of $6.00 and a gift of $150.00 given by the Ladies Visiting Committee. As part of our fund-raising program, two bake sales were held in the lobby of the White Building.

Once again, all Distaff Board Meetings and Area Representative Meetings were held at Walcott Hall.

MRS. THOMAS DODSON
President of the Distaff Club

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the MGH Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the MGH. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young MGH staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the General Executive Committee.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays is no longer required for this competitive prize.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

In 1974 the Warren Triennial Prize was awarded jointly to Dr. Efraim Racker of Cornell University and Dr. Peter Mitchell of the Glynn Research Laboratories in England.

PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital and its continued excellence throughout its history have been made possible in large part by gifts and bequests. In addition, several planned giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, provide giving vehicles which are attractive for both the donor and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A Direct Bequest: whereby a definite amount is specified.

A Bequest of the Residue of an Estate: whereby the MGH will receive whatever remains after payments of all other legacies. This method may well be used in combination with a direct bequest to the MGH.

A Bequest of the Remainder after Life Estate: whereby the income from a certain principal sum shall be paid to a surviving spouse or other persons for life, with the principal coming to the MGH on the death of these beneficiaries.

A Bequest of a Percentage: whereby the MGH receives a stated percentage of the whole estate, of the residue, or of the remainder after life interests. The will should state the gift to the MGH in a percentage figure, rather than in dollars.

A Contingent Bequest: whereby the MGH becomes the beneficiary only in the event that none of the persons named in the will is living when the will is executed.

If you plan to include the Massachusetts General Hospital in your will or are interested in one of the planned giving opportunities, the MGH will suggest to you or your lawyer specific wording for your will, trust, or life income contract to assure that your wishes are carried out. It is suggested that you or your attorney contact Mr. Joseph C. Donnelly, Jr., Deputy to the General Director for Development (telephone: 726-2200), or the Treasurer's Office (telephone: 726-2128).

Statistical and Comparative Tables

MGH CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescrptions Filled
1964	11,762	205,991	682	141,872
1965	13,498	210,304	696	157,252
1966	14,218	212,607	704	168,338
1967	14,504	226,207	749	176,013
1968	15,846	237,792	782	178,744
1969	15,958	236,194	780	189,133
1970	10,090	180,066	596	186,168
1971	11,640	190,738	629	203,248
1972	10,595	190,854	628	205,505
1973*	10,744	212,846	704	214,272
1974*	11,350	226,553	747	205,272

*Statistics include Staff Clinic and School of Nursing Health Services.

BUNKER HILL HEALTH CENTER
CHELSEA HEALTH CENTER
Patient Registration and Encounter Data

	Bunker Hill Health Center		Chelsea Health Center	
	New Reg.	Encounters	New Reg.	Encounters
1969	3,422	—		
1970	4,065	21,894*		
1971	3,442	46,931**		
1972	3,872***	49,605***		
1973	2,571	49,790	1,643	9,255
1974	2,436	50,914	6,200	18,600

*Includes figures from first three quarters, 1970, only.
**Beginning third quarter, 1971, encounter data is an estimate based on a random sample of encounter forms for each time period.
***Includes Chelsea Health Center.

SERVICE IN-PATIENT STATISTICS
For The Years 1964-1974

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1964	13,850	408	508	80	149,458	11 −	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12 −	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12 +	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13 −	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12 +	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12 +	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12 −	8,858	702	5.85	50%
1971	11,876	356	481	74	130,060	12 −	5,982	702	5.91	55%
1972	12,024	343	482	71	125,565	10 +	N.A.*	673	5.60	54%
1973	11,424	330	509	64.8	120,683	10 +	N.A.	615	5.40	52%
1974	10,850	309	509	60.7	112,825	10 +	N.A.	598	5.50	51%

Total number of patients admitted to General Hospital from the year 1921 -- 744,078
Private pediatric patients included in service category since 1963.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1964-1974

1964	10,041	358	338	106	131,094	13 −	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12 +	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14 +	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14 +	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14 −	6,801	528	4.41	59%
1971	12,534	452	416	108.7	165,076	13 +	6,667	487	3.88	61%
1972	13,585	468	464	100.9	171,313	13 −	N.A.*	585	4.31	57%
1973	14,332	490	437	112.1	178,823	13 +	N.A.	569	4.0	51%
1974	15,275	521	437	119.2	190,275	13 +		599	3.90	54%

Total number of patients admitted to Baker Memorial from the year 1930 -- 366,435

PRIVATE IN-PATIENT STATISTICS
For The Years 1964-1974

1964	4,716	158	168	94	57,692	12 +	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13 −	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14 −	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14 +	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14 +	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14 +	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13 −	2,021	140	3.22	67%
1971	4,265	142	173	82	51,870	11 −	5,459	145	3.4	60%
1972	4,071	128	138	93	46,778	11 +	N.A.*	116	2.85	47%
1973	4,258	134	138	97.1	49,018	11 +	N.A.	134	3.1	57%
1974	4,048	134	138	97.1	48,974	12 +	N.A.	123	3.0	58%

Total number of patients admitted to Phillips House from the year 1917 — 203,041
*None Available

AMBULATORY CARE DIVISION
COMPARISON OF ANNUAL STATISTICS
For years ended 9-30-73 and 9-30-74

	Year End 9-30-74	*Year End 9-30-73*	*Increase or Decrease*	*Per Cent Change*
Medical Clinics Complex	68,925	64,140	4,785	7.5
Psychiatric Ambulatory Care	26,367	26,832	(465)	(1.7)
Pediatric Ambulatory Care	10,153	11,152	(999)	(9.0)
Dermatology Ambulatory Care	17,820	13,540	4,280	31.6
Neuromedical Ambulatory Care	6,606	6,521	85	1.3
Surgical Ambulatory Care	18,625	17,838	787	4.4
Orthopaedic Ambulatory Care	14,557	14,558	(1)	—
Urology Ambulatory Care	5,455	6,935	(1,480)	(21.3)
Gynecology Ambulatory Care	8,050	10,099	(2,049)	(20.3)
Neurosurgical Ambulatory Care	1,098	959	139	14.5
Oral Surgery	7,007	6,443	564	8.8
Nutrition Services	2,732	2,700	32	1.2
Language Clinic	8,485	8,465	20	.2
Thyroid Clinic	1,688	1,616	72	4.5
Tumor Clinic	7,182	7,659	(477)	(6.2)
Staff Clinic	16,733	11,622	5,111	44.0
Medical Social Service	4,603	1,348	3,255	241.5
Rehabilitation Service	467	419	48	11.5
Total Annual Visits For The Ambulatory Care Division	226,553	212,846	13,707	6.4

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY

EXAMINATIONS COMPLETED

	1974	*1973*
White 1 Unit Examinations	75,709	67,591
Baker 2 — White 2 Examinations	70,712	72,507
House Clinics Unit Examinations (Clinics Bsmt.)	4,704	4,083
Private Ambulatory Unit Examinations (Baker 1)	24,677	20,299
Gray Admitting Unit Examinations	12,274	11,903
Phillips House Unit Examinations	3,176	3,655
Angiography Unit Examinations (Gray 2)	1,866	1,056
Neuroradiology Unit Examinations (Gray 2)	7,146	4,176
Nuclear Medicine Unit Examinations (Gray 2)	6,431	6,623
Gray O.R. Examinations (Gray 3A)	10,209	15,976
Other	567	1,036
TOTALS	217,471	208,905

RADIATION MEDICINE
(RADIATION THERAPY)

TREATMENTS	*1974*	*1973*
In-Patient	5,293	4,450
Eye & Ear Patients	42	133
Private Ambulatory	33,544	29,358
Betatron (B.U.)	2,816	2,578
Cobalt (B.U.)	—	589
TOTAL	41,695	37,108
Total No. of Patients Registered	1,469	1,297
Total No. of New Patients Accepted for Rx	1,239	
No. of Old Patients Accepted for Additional Rx	617	
Total No. of Patients Accepted for Rx	1,856	1,583
Deep X-Ray Treatments	27,273	28,366
Superficial X-Ray Treatments	11,606	8,742
Follow-Up Examination	5,748	
Consultations	149	
Radium and Iridium Implants	108	112
P 32 Injections	9	16

PHYSICAL MEDICINE DEPARTMENT

	1974	*1973*
Treatments given:		
Out-Patient	9,085	8,595
General Hospital (Including Eye & Ear Infirmary)	22,158	21,503
Phillips House	2,599	2,655
Baker Memorial	11,086	8,660
Private Ambulatory Patients	7,508	7,796
Total Treatments given	52,436	49,209

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1974, which has been abstracted from the auditor's report, prepared by Alexander Grant & Company, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL

BALANCE SHEET

(September 30)

ASSETS

	Combined		General Hospital		McLean Hospital	
	1974	1973	1974	1973	1974	1973
Cash	$ 1,596,890	$ 2,347,347	$ 6,245,816	$ 4,908,603	$ (4,648,926)	$ (2,561,256)
Investments	57,194,057	61,961,430	55,287,644	59,778,517	1,906,413	2,182,913
Collateral on Security Loans	—	734,000	—	734,000	—	—
Accounts Receivable (Net)	30,158,149	29,036,479	23,670,725	24,557,855	6,487,424	4,478,624
Notes Receivable	454,500	412,519	454,500	412,519	—	—
Inventories	3,011,086	2,164,757	2,878,121	2,044,075	132,965	120,682
Prepaid Expense	419,057	509,502	413,265	475,463	5,792	34,039
Estimated Contractual Adjustment	1,095,067	(441,649)	1,094,987	(441,649)	80	—
Plant and Equipment (Net)	66,642,723	64,218,070	57,974,945	58,873,342	8,667,778	5,344,728
Construction in Progress	22,541,828	15,127,746	22,433,649	12,399,832	108,179	2,727,914
TOTAL	$183,113,357	$176,070,201	$170,453,652	$163,742,557	$12,659,705	$12,327,644

LIABILITIES AND FUND BALANCES

	Combined		General Hospital		McLean Hospital	
	1974	1973	1974	1973	1974	1973
Accounts Payable	$ 5,620,120	$ 5,506,257	$ 4,703,880	$ 4,924,381	$ 916,240	$ 581,876
Accrued Expenses	2,393,117	1,865,105	2,050,493	1,597,508	342,624	267,597
Notes Payable	2,000,000	3,000,000	2,000,000	3,000,000	—	—
Loaned Securities	—	734,000	—	734,000	—	—
Mortgage Notes Payable	8,143,588	8,098,724	6,172,416	6,061,619	1,971,172	2,037,105
Unearned Tuition Income	179,708	188,310	179,708	188,310	—	—
Workmens Compensation Reserve	495,816	477,737	489,173	477,737	6,643	—
Life Insurance Reserve	10,115	9,770	10,115	9,770	—	—
Temporary Funds	7,824,744	6,647,790	7,566,465	6,537,849	258,279	109,941
Principal Funds	98,159,025	91,423,162	95,690,884	87,414,754	2,468,141	4,008,408
Funds Invested in Plant	58,287,124	58,119,346	51,590,518	52,796,629	6,696,606	5,322,717
TOTAL	$183,113,357	$176,070,201	$170,453,652	$163,742,557	$12,659,705	$12,327,644

MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
OPERATING STATEMENT

	Current Year October 1, 1973 September 30, 1974	Previous Year October 1, 1972 September 30, 1973
CENSUS		
Patient Days	352,074	348,524
Average Daily Census	965	955
Percent of Occupancy	89.0	88.3
(Complement Number of Beds)	1,084	1,080
INCOME		
Routine	$ 42,351,801.00	$ 37,962,618.00
Ancillary	36,077,564.62	32,408,716.69
Clinics	7,833,527.00	7,080,171.38
Emergency	2,284,228.76	1,923,801.40
Private Ambulatory	3,896,189.61	2,763,638.05
Other Patient Income	8,486,220.29	6,537,299.32
Other Non-Patient Income	8,721,864.02	8,265,395.37
TOTAL OPERATING INCOME	109,651,395.30	96,941,640.21
DEDUCTIONS FROM INCOME		
Free Service - Inpatients	758,495.31	1,052,396.79
Free Service - Outpatients	1,592,739.25	1,627,239.42
Medicare Allowance	847,419.63	1,233,538.66
Blue Cross Allowance	253,638.76	603,259.33
Welfare Allowance	864,166.03	759,453.25
W.C.A. Allowance	152,450.34	54,533.28
Courtesy Allowance	35,236.42	11,908.15
Miscellaneous	(6,702.96)	(4,977.48)
Provision for Doubtful Accounts	1,254,642.42	867,889.24
TOTAL DEDUCTIONS FROM INCOME	5,752,085.20	6,205,240.64
NET OPERATING INCOME	103,899,310.10	90,736,399.57

	Current Year October 1, 1973 September 30, 1974	Previous Year October 1, 1972 September 30, 1973
EXPENSES		
Salaries and Wages (Nursing)	15,500,342.11	13,588,776.56
Salaries and Wages (Other)	46,927,534.62	41,574,017.68
Supplies	15,970,802.02	14,258,887.77
Outside Services	4,473,759.16	4,194,420.54
Depreciation	3,649,125.37	3,556,436.12
Other Expenses including Interest	19,181,734.56	15,273,080.18
TOTAL EXPENSES	105,703,297.84	92,445,618.85
OPERATING SURPLUS OR (DEFICIT)	(1,803,987.74)	(1,709,219.28)
OTHER INCOME		
Treasurer's Income	1,736,190.34	1,745,967.00
Less - Treasurer's Expense	252,804.93	214,461.72
NET TREASURER'S INCOME	1,483,385.41	1,531,505.28
SURPLUS OR (DEFICIT)	($320,602.33)	($177,714.00)

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL AND McLEAN HOSPITAL COMBINED
STATEMENT OF CHANGES IN FINANCIAL POSITION
UNRESTRICTED FUND

(For year ending September 30)

	1974	1973
Funds provided		
Loss from operations	$(2,196,639)	$(1,845,404)
Charges to operations not requiring funds		
Provision for depreciation (note A)	4,100,950	3,916,472
Nonoperating revenues, net of associated expenses	1,682,511	1,680,894
Funds provided from operations and nonoperating revenues	3,586,822	3,751,962
Gifts and bequests (note A)	921,304	583,907
Mortgage assumed (note E)	225,000	—
Plant funds provided by restricted funds	3,950,453	4,311,977
	$ 8,683,579	$ 8,647,846
Funds applied		
Additions to plant	$ 6,410,814	$ 4,819,615
Less - related long-term debt (note E)	2,000,000	616,500
	4,410,814	4,203,115
Depreciation funded to restricted fund (note A)	3,328,523	3,878,050
Purchase of non-current assets (note C)	435,531	—
Note receivable refinanced (note C)	254,500	—
Reduction in long-term debt (note E)	208,405	119,090
Increase in working capital	45,806	447,591
	$ 8,683,579	$ 8,647,846

	1974	1973
Changes in Components of Working Capital		
Increase (decrease) in current assets		
Accounts receivable - net (note B)	$ 1,913,811	$ 4,805,042
Investments	—	(413,890)
Inventory	846,329	358,756
Prepaid expenses	(80,018)	33,675
Reserve for contractual adjustments (note G)	1,095,067	—
Notes receivable (note C)	(254,500)	—
	3,520,689	4,783,583
(Increase) decrease in current liabilities		
Current portion of long-term debt	(78,270)	(30,028)
Notes payable to bank	1,000,000	(3,000,000)
Loan payable to Building Fund	—	(4,000,000)
Loans from investment pool (note J)	(3,000,000)	—
Due to other funds	(1,204,990)	4,606,047
Accounts payable	16,748	(2,261,654)
Accrued expenses	(658,622)	(116,419)
Reserve for contractual adjustments (note G)	441,649	341,630
Deferred tuition revenue	8,602	124,432
	(3,474,883)	(4,335,992)
INCREASE IN WORKING CAPITAL	$ 45,806	$ 447,591

McLean Hospital
OPERATING STATEMENT

(For year ending September 30, 1974)

CENSUS	1974	1973
Patient Days	96,087	86,559
Average Daily Census	263	237
Percent of Occupancy	82%	86%
Number of Beds Available	320	275
INCOME		
Room and Care	$10,808,678	$ 8,455,120
Day and Night Care	646,661	648,167
Outpatient Clinic	544,500	452,502
Other Patient Income	1,524,473	1,297,875
Other Non-Patient Income	785,032	776,325
TOTAL OPERATING INCOME	14,309,344	11,629,989
DEDUCTIONS FROM INCOME		
Free Service — Inpatients	414,488	259,145
Free Service — Day and Night Care	20,038	19,926
Free Service — Outpatient Clinic	257,643	238,896
Medicare Allowance	41,625	67,284
Blue Cross Allowance	(16,159)	130,506
Courtesy Allowance	2,131	2,838
Provision for Doubtful Accounts	156,719	206,584
TOTAL DEDUCTIONS FROM INCOME	876,485	925,179
NET OPERATING INCOME	13,432,859	10,704,810
EXPENSES		
Salaries and Wages (Nursing)	3,534,543	2,835,892
Salaries and Wages (Other)	6,202,544	4,754,704
Total Salaries and Wages	9,737,087	7,590,596
Supplies	1,158,333	891,577
Outside Services	864,076	597,189
Depreciation	451,825	360,036
Other Expenses	1,487,245	1,302,169
TOTAL EXPENSES	13,698,566	10,761,567
OPERATING SURPLUS OR (DEFICIT)	(265,707)	(56,757)
OTHER INCOME		
Treasurer's Income	80,919	80,098
Less Treasurer's Expense	98,009	56,154
NET TREASURER'S INCOME (DEFICIT)	(17,090)	23,944
NET SURPLUS OR (DEFICIT)	$ (282,797)	$ (32,813)

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
STATEMENT OF FUND EXPENDITURES

(For year ending September 30)

	1974		1973	
RESEARCH FUND EXPENDITURES				
Contract				
Salaries & Wages	$1,262,235		$1,192,221	
Supplies & Expenses	1,503,083	$2,765,318	1,347,827	$2,540,048
Gifts & Grants				
Salaries & Wages	$6,021,850		$5,574,791	
Supplies & Expenses	6,723,772		6,541,068	
	$12,745,622	12,745,622	$12,115,859	$12,115,859
Miscellaneous Income	(1,281,091)		(1,328,872)	
Net Expense	$14,026,713		$13,444,731	
Training Grants				
Salaries & Wages	$2,322,138		$2,374,440	
Supplies & Expenses	690,508		587,011	
	$3,012,646	3,012,646	$2,961,451	2,961,451
OTHER FUND EXPENDITURES				
Contract				
Salaries & Wages	$ 537,275		$ 547,986	
Supplies & Expenses	1,749,090	2,286,365	1,557,869	2,105,855
Other Special Purpose Funds				
Salaries & Wages	$1,520,299		$1,290,477	
Supplies & Expenses	1,321,198		1,664,006	
	$2,841,497	2,841,497	2,954,483	2,954,483
Miscellaneous Income	1,422,575		1,262,032	
Net Expense	$1,418,922		$1,692,451	
TOTAL FUND EXPENDITURES		$23,651,448		$22,677,696

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL AND McLEAN HOSPITAL
PRINCIPAL AND TEMPORARY FUNDS
(September 30, 1974)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$14,389,542

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$10,000
FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,534
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	60,157
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital purpose.	80,283
LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	118,241
CAROLINE BUTLER ATWOOD FUND Income for any Hospital purpose.	51,000
HENRY K. BEECHER RESEARCH FUND Income to be used for anesthesia research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,063
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041

	PRINCIPAL
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,439
ARCHIVES, PICTURES, AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures, and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,167
JOHN ASHTON FUND For diseased and wounded soldiers.	65,186
JOSEPH C. AUB FUND Income to be spent for cancer investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	730,749
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital — but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	11,480
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,148
JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopaedic Service.	59,135
HENRY K. BEECHER HONORARY LECTURESHIP FUND Under the direction of the Chief of the Anesthesia Service.	10,854
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,841
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000

	PRINCIPAL
EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,804
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
MILDRED S. AND MORRIS BURSTEIN FUND Income for cardiac research.	10,556
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service. Gift of American Association of Hospital Social Workers.	1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of surgical pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	353,782
IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	22,380
FRANZ WEBSTER CARTER FUND Income for any Hospital purpose.	2,903,542
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopaedic Surgery Service.	120,865

	PRINCIPAL
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	7,013
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Drs. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64; income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	25,007
CLINICAL LABORATORY FUND Income for clinical laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for connecting building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital.	391,050
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the MGH School of Nursing.	248,086
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500

		PRINCIPAL
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed children between the ages of six months and ten years."		20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-ray investigation.		32,620
BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of		66,164
Trustees of The Bessie Rochester Edwards Memorial Foundation	$55,914	
Disabled Ex-Servicemen's Exchange, Inc.	10,250	
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.		4,639
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.		20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.		89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.		1,399
EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only — preferably for West End children.		2,282
DR. NATHANIEL W. FAXON FUND Income only to be used for the support of the Archives, the *MGH News,* or some similar publication.		5,000

	PRINCIPAL
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	164,584
NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for free beds. Sundry Gifts and Bequests.	4,883,749
GEBBIE FUND For support of teacher investigators under the direction of the Chief of the Orthopaedic Service.	514,035
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
ISABELLE ORAM HERTELL FUND For maintenance, support, and improvement of the hospital, or of its services, or in the interest of the public health.	25,473

	PRINCIPAL
WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry gifts and bequests.	5,472,654
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	71,218
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	7,880
VARAZTAD H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	35,000
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a free bed for women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the laboratories the best possible research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000

	PRINCIPAL
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of nurses in the Hospital.	5,000
JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	60,868
CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517
MARY LOU McCARTHY MEMORIAL FUND Income for education and research in radiation medicine.	12,372
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150
MEDICAL ONCOLOGY DIRECTOR'S FUND To support the Director of Medical Oncology.	309,716
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811

	PRINCIPAL
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	65,330
MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	87,565
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279

	PRINCIPAL
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	13,005
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,690
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation — *First:* Of the cause, treatment, and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery —." Gifts of Dr. Richardson's sons in memory of their father.	15,000

	PRINCIPAL
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. Five percent of income to be added to principal each year until the fund reaches $400,000.	33,866
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chief of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
MARIAN MAHIN ROBB MEMORIAL FUND Income for cancer research.	15,044
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	41,551
CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000
WALTER K. SHAW, JR., MEMORIAL FUND For medical oncology under the direction of the Chief of the Medical Service.	20,005

	PRINCIPAL
SHEPARD-GILL SCHOOL Income for operating. Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	138,387
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	4,804
TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,920
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	9,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
BARBARA AND MARSHALL SLOANE CANCER FUND Income for research in radiation medicine under the Chief of Radiation Medicine.	74,170
SMITH-PETERSON FOUNDATION FUND To provide medical and surgical care of indigent persons and for research in orthopedics under the direction of the Chief of the Orthopaedic Service.	218,756
SOCIAL SERVICE FUND Income for Social Service.	133,515
REBECCA W. SPINDLER FUND Income for Hodgkin's Disease under the direction of the Huntington Memorial Laboratories.	7,153

	PRINCIPAL
CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
HOWARD W. AND ELIZA (PEASE) SPURR FUND Income for general purposes.	180,017
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	7,769
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	70,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,589
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	4,040
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,588
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	8,560

	PRINCIPAL
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	115,493
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	3,474
FRANCIS KNOWLES WARREN FUND Income for the general purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren	30,100
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818

		PRINCIPAL
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.		118,278
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.		1,829
WHITEHOUSE-FOSTER MEMORIAL FUND Income to be used by the Social Service Department for needy patients under the Director of Social Service.		15,000
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.		64,018
DR. RALPH H. WILLIARD III SURGICAL RESIDENTS' FUND Income to be used for the Surgical Residents at the MGH under the direction of the Chief of the General Surgical Services.		2,762
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs.		7,600
Bequest of Nathaniel I. Bowditch	$5,000.00	
Sundry Gifts	2,600.00	
TOTAL ENDOWMENT FUNDS		$32,663,156

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	627,654
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	8,458
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	15,000
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. Given by "Her Family and Friends."	14,329
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	455,201
FANNIE NEWALL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000

	PRINCIPAL
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	29,550
TOTAL FIDUCIARY FUNDS	$ 1,190,466

BUILDING FUNDS

GENERAL HOSPITAL	$ 22,756,113
TOTAL GENERAL HOSPITAL PRINCIPAL FUNDS	$ 70,999,277

McLEAN HOSPITAL FUNDS
GENERAL FUND

	PRINCIPAL
For any Hospital purpose	$806,447

ENDOWMENT FUNDS

EDWARD STANLEY ABBOTT MEMORIAL FUND For scientific investigation at McLean Hospital.	$10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	6,872
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,214
EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	154,500
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	34,637

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,285
TOTAL ENDOWMENT FUNDS	$892,047

FIDUCIARY FUNDS

MARION WETHERHILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott	$173,600

BUILDING FUNDS

McLean Hospital	$229,352
TOTAL McLEAN HOSPITAL PRINCIPAL FUNDS	$1,642,742
TOTAL PRINCIPAL FUNDS	$72,642,019

TEMPORARY FUNDS

GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$1,977,769
FIDUCIARY FUNDS	44,323
SPECIAL PURPOSE FUNDS	4,849,953
OTHER	692,420

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	19,568
SPECIAL PURPOSE FUNDS	238,711
OTHER FUNDS	—
TOTAL TEMPORARY FUNDS	$7,824,744

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 72,642,019
TOTAL TEMPORARY FUNDS	7,824,745
FUNDS INVESTED IN PLANT	58,287,124
GAINS	727,173
TOTAL OF ALL FUNDS	$139,481,061

THE MASSACHUSETTS GENERAL HOSPITAL

GIFTS AND BEQUESTS

(For year ended September 30)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUNDS

		PRINCIPAL
FOR ANY HOSPITAL PURPOSE		
Bequests		$ 777,463.72
Gifts		66,028.89
		$ 843,492.61

ENDOWMENT FUNDS

The Arthur W. Allen Residents' Teaching Fund		
Gifts		$ 4,310.00
The Mrs. Larz Anderson Fund		
Bequest of Mrs. Larz Anderson		20,000.00
Archives, Pictures & Historical Relics Fund		
Gift		20.00
Caroline Butler Atwood Fund		
Bequest of Jane Short Atwood Trust		51,000.00
Baker Memorial Fund		
Bequest of Mrs. Nellie I. Belcher	9,513.85	
In memory of Miss Marjorie Billings	363.00	9,876.85
Henry K. Beecher Honorary Lectureship Fund		
In memory of Mrs. Margaret Beecher	25.00	
Gifts	395.00	420.00
The Edward Benedict Fund for Thoracic Surgery		
In memory of Dr. Edward B. Benedict		240.00
The Edward F. Bland Fund		
In memory of Mr. James E. Bland	10.00	
Gift	25.00	35.00
Cancer Research Endowment Fund		
In memory of Eva Brezner	500.00	
In memory of Mr. J. Lothrop Motley	250.00	750.00

		PRINCIPAL
The Ida M. Cannon Memorial Fund		
Gift		100.00
Franz Webster Carter Fund		
Bequest of Franz W. Carter		2,903,541.75
M.G.H. Chapel Fund		
Gift		50.00
Dr. Walter J. Dodd Memorial Fund		
Gift		100.00
Edith S. and Frances B. Fisher Memorial Fund		
Bequest of Edith S. Fisher Trust U/W	84,558.99	
In memory of George Wilkinson	25.00	84,583.99
The Isabelle Oram Hertell Fund		
Gift		10,623.80
The Louise & Mary Klaus Fund		
Bequest of Maurice H. Klaus Trust U/W		3,836.78
Chester Morse Jones House Staff Educational Fund		
In memory of Mr. Ronald Christopher	208.00	
Gift	10.00	218.00
Philip Joslin Memorial Fund		
In memory of Philip, Dorothy & Archie Joslin		215.00
Varaztad H. Kazanjian Fund		
Gift of Miss Lilian Egleston		2,500.00
Francis Cogswell Manning Fund		
Bequest of Annie F. Selfridge Trust U/W	50,667.83	
In memory of Mrs. Robert W. Means	10.00	50,677.83
The Mitton Fund		
Gift		1,250.00
The Mixter Fund		
Gifts		1,500.00
Outpatient Clinic Fund		
Gifts		1,125.00
Phillips House Nurses' Loan Fund		
Gift		500.00
The Marion Mahin Robb Memorial Fund		
In memory of Mrs. Marion M. Robb		200.00
The Richard Saltonstall Director of Medical Oncology Fund		
Gift		91,068.75

		PRINCIPAL
Shepard Gill School-Louise A. Goutzback, Sophie K. Rousmaniere and Helen Storrow Fund		
Bequest of Hannah E. Phinney		1,560.55
Terry Shuman Memorial Fund		
Gift		50.00
Elsie Skolnick Memorial Fund		
Gift		2,000.00
Barbara & Marshall Sloane Cancer Fund		
In memory of Dr. Murat A. Kennett, Jr.	30.00	
In memory of Mrs. Mary Martignetti	5.00	
Gifts	2,135.00	2,170.00
Smith-Peterson Foundation		
Gift		1,913.60
Rebecca W. Spindler Fund for Hodgkins Disease		
In memory of Mr. Patrick Aversa	35.00	
In memory of Mr. Salvatore L. DeMarco	181.00	
In memory of Mr. Ron Kronenberg	1,219.56	
In memory of Mr. Anthony Massa	5.00	
In memory of Mr. Roger W. Sawyer	200.00	
Gifts	3,530.00	5,170.56
Howard W. and Eliza Elbridge (Pease) Spurr Fund		
Bequest of Howard W. Spurr, Trust U/Ind.		2,331.90
Thyroid Laboratory Fund		
In memory of Mrs. Sophie Maloof Deraney		25.00
Treadwell Library Fund		
Gift		5.00
Walter F. & Mabel E. Underwood Fund		
Bequest of Mabel E. Underwood Estate		65,492.78
Volunteer Department Fund		
In memory of Miss Martha Kelly	90.00	
In memory of Dr. Charles Arthur Oak	500.00	
Gifts	222.00	812.00
Warren Library Fund		
Gifts		590.00
Whitehouse-Foster Memorial Fund		
Gifts		15,000.00
Dr. Ralph H. Willard III Memorial Fund		
In memory of Dr. Ralph H. Willard III		2,761.75

		PRINCIPAL
Unrestricted Free Beds		
Bequest of William Eaton Trust	4,060.14	
Bequest of Mary E. Lamson	30,333.32	
Bequest of Mrs. Alice M. Wentworth Trust U/W	4,000.00	38,393.46
		$ 3,377,229.35

BUILDING FUNDS

AMBULATORY CARE CENTER		
Bequests		$ 407,762.13
BURN UNIT-WHITE 12		
Gifts		485.55
CANCER CENTER		
Bequests	426,257.70	
Gifts	3,215,778.73	3,642,036.43
GRAY BUILDING		
Bequests	19,389.79	
Gifts	33,646.54	53,036.33
MISCELLANEOUS BUILDING FUNDS		
Gifts		25,000.00
		$ 4,128,320.44

McLEAN HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE		
Bequest	67,451.15	
Gifts	11,848.75	$ 79,299.90

ENDOWMENT FUNDS

FREE BEDS FUND	
Gift	$ 5.00

BUILDING FUNDS

CHILDREN'S CENTER	
Gifts	$ 149,859.01
PSYCHOBIOLOGICAL RESEARCH CENTER	
Gifts	84,920.00
	$ 234,779.01
TOTAL PRINCIPAL FUNDS	$ 8,663,126.31

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	16,975.69	
Gifts	407.00	$ 17,382.69
MISCELLANEOUS FUNDS		
Gifts		$ 22,703.13

FUNDS FOR SPECIAL PURPOSES

Bequests	71,138.46	
Gifts	2,239,743.45	
Grants-Government	14,825,436.00	
Grants-Foundations	861,217.36	$17,997,535.27

McLEAN HOSPITAL FUNDS

FUNDS FOR SPECIAL PURPOSES

Bequests	11,520.00	
Gifts	151,906.81	
Grants-Government	1,174,266.39	$ 1,337,693.20
TOTAL INCOME FUNDS		$19,375,314.29

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 8,663,126.31
TOTAL INCOME FUNDS	19,375,314.29
TOTAL GIFTS & BEQUESTS	$28,038,440.60

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-Seventh Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1974

Belmont, Massachusetts

MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
OFFICERS OF THE INSTITUTION, 1975

Honorary President
Francis C. Gray

President
Edward L. Bigelow

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
Henry R. Guild, Jr.

Assistant Treasurer and
Assistant Secretary
Orrin G. Wood, Jr.

Trustees

1947 John E. Lawrence, *Chairman*, 177 Milk Street 02109
1943 Lloyd D. Brace, 100 Federal Street 02110
1947 *Francis O. Schmitt, Ph.D., M.I.T. Neurosciences Research Program, 280 Newton Street, Brookline 02146
1962 Francis H. Burr, 225 Franklin Street 02110
1963 George Putnam, 265 Franklin Street 02110
1968 G. Lamar Crittenden, 100 Federal Street 02110
1969 Nelson Darling, Jr., 100 Federal Street 02110
1969 W. Nicholas Thorndike, 28 State Street 02109
1972 *S. Lang Makrauer, 75 Federal Street 02110
1973 *Mrs. R. Morton Claflin, 37 Chestnut Street 02108
1974 *Maurice Lazarus, 50 Cornhill 02108
1975 F. Sargent Cheever, M.D., 30 Pond Road, Wellesley 02181

Honorary Trustees

1968 Francis C. Gray, 10 Post Office Square 02109
1968 Ralph Lowell, One Boston Place 02106
1969 Henry R. Guild, 100 Federal Street 02110
1974 Edward L. Bigelow, 225 Franklin Street 02110
1974 Sidney R. Rabb, 393 D Street, Boston 02210
1975 Philip H. Theopold, 294 Washington Street 02108

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL
OTHER MEMBERS OF THE CORPORATION

Mrs. Nelson W. Aldrich
Mrs. Frank G. Allen
Mrs. Charles Almy
Mrs. Adeline Ameno
Mr. James Barr Ames
Mr. Robert Amory, Jr.
Mr. O. Kelley Anderson
Mr. Alfred W. Baldwin
Mr. G. Storer Baldwin
Mrs. James T. Baldwin
Mr. Walter Berman
Mr. Harry J. Blake
Mrs. Henry M. Bliss
The Reverend Laurence J. Borges
Mr. Henri J. Bourneuf
Mrs. Lloyd D. Brace
Mr. J. Howard Bushway
Mrs. Charles C. Cabot
Mr. Thomas D. Cabot
Mr. Walter Cabot
Mr. Hadley Case
Mr. John P. Chase
Mr. Theodore Chase
Mr. William H. Claflin
Mr. Haskell Cohn
Mr. Ferdinand Colloredo-Mansfeld
Mrs. A. Werk Cook
Mrs. Charles A. Coolidge
Mr. Charles E. Cotting
Mrs. William C. Cox
Mr. William C. Cox, Jr.
Mr. Charles C. Cunningham, Jr.
Mrs. Richard E. Danielson
Mr. William H. Driver, Jr.
Miss Betty Dumaine
Mr. Robert R. Duncan
Mr. Charles J. Dunn
Mrs. Donald R. Dwight
Mr. William Ehrlich
Dr. Lloyd C. Elam
Mr. Alexander Ellis, Jr.
Mr. Donald J. Falvey, Jr.
Mr. Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Mr. Laurence E. Fouraker
Mr. Alfred Fuller
Mr. Peter Fuller
Mr. M. Dozier Gardner
Mrs. Alden I. Gifford, Jr.
Mrs. Francis C. Gray
Mr. Morris Gray
Mrs. Roland D. Grimm
Mr. Edward B. Hanify
Mr. Richard Harte, Jr.
Dr. Roy J. Heffernan
Mr. Edwin W. Hiam
Mr. Harvey P. Hood
Mr. Donald J. Hurley
Mr. Edward C. Johnson III
Mr. William T. Kemble
Senator Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.
Dr. John H. Knowles
Mr. Henry A. Laughlin
Mr. David S. Lee
Mr. Franklin A. Lindsay
Mr. Alfred L. Loomis
Mr. Joseph W. Lund
Mr. Roderick M. MacDougall
Mr. Joseph Mailman
Mr. William C. Mercer
Mrs. Charles E. Merrill, Jr.
Mr. James Jackson Minot
Mr. Colman Mockler
Mr. Frederick S. Moseley III
Mrs. John Myers
Mr. George Olmsted, Jr.
Mrs. Clelia Orlandi
Mr. James H. Orr
Mrs. Stephen D. Paine
Mr. Bertram Parker
Miss Amelia Peabody
Judge Lawrence T. Perera
Mrs. Sumner Pingree

Mr. John L. Quigley
Mr. William N. Rand
Miss Anna P. Revere
Mrs. George S. Richardson
Mrs. Karl Riemer
Mrs. Horatio Rogers
Mr. Irving E. Rogers
Mr. Samuel S. Rogers
Mr. Jacob Saliba
Mr. Charles W. Schmidt
Mr. John Scrivano
The Right Reverend Henry K. Sherrill
Mr. Richard A. Smith
Mr. Raymond S. Stevens
Mr. Henry S. Streeter
Judge Joseph L. Tauro
Mr. Thomas C. Thacher
Mrs. Augustus Thorndike
Mr. Richard K. Thorndike
Mr. Frederick G. P. Thorne
Mr. Samuel J. Tomasello
Dr. John B. Vernaglia
Mr. Ralph B. Vogel
Mr. F. Frank Vorenberg
Mr. Jeptha H. Wade
Mr. Edward A. Weeks, Jr.
Mr. John P. Weitzel
Mr. James O. Welch, Jr.
Mr. George S. Weld
Mr. Henry Wheeler
Mrs. Roland W. Whitridge
Mrs. Elaine Wilson

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S.H.A., F.A.C.H.A.

Comptroller and
Assitant Director for Fiscal Affairs
Arnold R. Saitow, M.B.A.

DIRECTORS OF DEPARTMENTS

Accounting
Arnold R. Saitow, M.B.A.

Building Service
James C. Shuttle

Communication Services
Paula Levin, M.A.

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S., A.D.A. (M), R.D.

Laundry
Arnold O. Tompkins

Medical Records
Ruth G. Pucciarelli, B.S., R.R.A.

Medicine
Charles H. Weingarten, M.D.

Nursing
Mildred C. Makin, R.N., B.S. in Nsg. Ed., Ed.M. (Adult and Children's Services)

Patient Education
John F. Dunn, M.A. (Adult Services)
Robert B. Brooks, Ph.D., (Children's Psychoeducation)

Personnel
David W. Bohy, B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Professional Libraries
Hector Bossange, M.A.

Psychiatry
Shervert H. Frazier, M.D.

Psychology
Irene P. Stiver, Ph.D. (Adult Services)
Sebastiano Santostefano, Ph.D. (Children's Services)

Public Relations
Elena M. Volante, B.A.

Purchasing
Edward Mulligan

Rehabilitation Services
Frances Palmer, M.S., O.T.R.

Safety and Security
David B. Balise, R.N., M.P.H.

Social Work
Golda M. Edinburg, M.S.S.S., ACSW (Adult Services)
Tikvah S. Portnoi, M.S.W., ACSW (Children's Services)

Volunteers
Anne K. Dunn, B.A.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 15, 1975

DEPARTMENT OF PSYCHIATRY

Psychiatrist in Chief
Shervert H. Frazier, M.D.

Acting Clinical Director
Paul M. Howard, M.D.

Director of Child Psychiatry
Silvio J. Onesti, M.D.

Psychiatrists

Jonathan O. Cole, M.D.
Edward M. Daniels, M.D.
Francis de Marneffe, M.D.
Leon Eisenberg, M.D.
Stanley Eldred, M.D.
Jack H. Mendelson, M.D.
Alfred H. Stanton, M.D.

Attending Psychiatrists

Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
Norman E. Zinberg, M.D.

Attending Child Psychiatrists

Malvina Stock, M.D.
Arthur F. Valenstein, M.D.

Associate Psychiatrists

Dietrich P. Blumer, M.D.
Richard D. Budson, M.D.
Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Peter Choras, M.D.
Richmond Holder, M.D.
Robert P. Hopkins, M.D.
Phillip Isenberg, M.D.
Philip Kelleher, M.D.
Maria Lorenz, M.D.
Roger E. Meyer, M.D.
Egbert H. Mueller, M.D.
Myron R. Stocking, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Child Psychiatrist
John B. Livingstone, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Jo Anne Fineman, M.D.
Alan Fisch, M.D.
Peter B. Jenney, M.D.
Kathryn B. Kris, M.D.
Don R. Lipsitt, M.D.
Andrew P. Morrison, M.D.
Cecil Mushatt, M.D.
Peter Reich, M.D.
Michael D. Robbins, M.D.
Alan A. Stone, M.D.
William D. Temby, M.D.
Edward L. Zarsky, M.D.

Associate Attending Child Psychiatrists

Barbara C. Mueller, M.D.
Malkah T. Notman, M.D.
Elinor M. Siner, M.D.
Anna K. Wolff, M.D.

Assistant Psychiatrists

Steve G. Agular, M.D.
Richard M. Arnold, M.D.
Daniel P. Asnes, M.D.
Richard H. Bendt, M.D.
John C. Kuehnle, M.D.
Joseph F. Lipinski, M.D.
Paul E. McLean, M.D.
H. Brian McNamee, M.D.

Howard S. Berger, M.D.
Jane M. Berman, M.D.
Thomas C. Bond, M.D.
Carl J. Brotman, M.D.
Corbett Campbell, M.D.
John G. Gunderson, M.D.
William B. Hawthorne, M.D.
Burt Johnson, M.D.
Cynthia N. Kettyle, M.D.
Rona B. Klein, M.D.
Jonathan E. Kolb, M.D.
Martin A. Miller, M.D.
Steven M. Mirin, M.D.
Harry Penn, M.D.
Jalna Perry, M.D.
Joseph S. Ratner, M.D.
Phelps M. Robinson, M.D.
Ralph S. Ryback, M.D.
Alan Schatzberg, M.D.
Edward R. Shapiro, M.D.
John J. Spillane, M.D.
Chester Swett, Jr., M.D.
Bernard S. Yudowitz, M.D.

Assistant Child Psychiatrist
Peter R. Saltzman, M.D.

Assistant Attending Psychiatrists
Barbara L. Aeschliman, M.D.
Donald M. Allen, M.D.
Ruth Tiffany Barnhouse, M.D.
Jerrold G. Bernstein, M.D.
Peter G. Bourne, M.D.
John H. Brandt, M.D.
Paul A. Buttenwieser, M.D.
Lloyd M. Caplan, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Alan R. Cohen, M.D.
Edwin M. Davidson, M.D.
Paul R. Dinsmore, M.D.
Frederick Ehrlich, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Max Geller, M.D.
Stephen N. Gerson, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
(Children's Center)
Todd F. Holzman, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Carolyn Ise, M.D.
Eda M. Kahana, M.D.
Alvin Kahn, M.D.
Alan S. Katz, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Robert Leff, M.D.
Zenos M. Linnell, M.D.
Mark Mahnke, M.D.
J. Wayne Mathews, M.D.
Nancy J. McDonnell, M.D.
A. William Menzin, M.D.
Charles Middleton, M.D.
Emanuel Mirel, M.D.
Amos Nahor, M.D.
Morton B. Newman, M.D.
Donald Ottenstein, M.D.
Arthur N. Papas, M.D.
Robert D. Patterson, M.D.
John K. Pearce, Jr., M.D.
Alexandra Rolde, M.D.
Lucy Salomon, M.D.
Carl Salzman, M.D.
Charles A. Schwartz, M.D.
Edward S. Schwartzreich, M.D.
Daniel Shaw, M.D.
Arnold Sheinis, M.D.
Walker E. Shields, Jr., M.D.
Nathan T. Sidley, M.D.
Michael A. Sperber, M.D.
Ruth Stauffer, M.D.
Larry H. Strasburger, M.D.
Charles W. Swearingen, M.D.
Roland H. Ungerer, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Robert W. Weinstock, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Harold W. Williams, M.D.

Assistant Attending Child Psychiatrists
Gretchen H. Jacobs, M.D.
Lloyd F. Price, M.D.

Martin Miller, M.D.
Chester A. Pearlman, Jr., M.D.
Richard Sens, M.D.
Judith A. Yanof, M.D.

Consultant in Child Psychiatry
Charles A. Malone, M.D.

 # Clinical Fellows in Psychiatry
Mary H. Collins, M.D.
Allan K. Chrisman, M.D.
Rhoda B. Goldwasser, M.D.
Zonda J. Mercer, M.D.
Michael Pearlman, M.D.

 # Clinical and Research Fellows in Psychiatry
Paul R. Draskoczy, M.D.
Philip D. Gottlieb, M.D.
Martin B. Keller, M.D.
Theo C. Manschreck, M.D.
Peter A. Mansky, M.D.
David V. Sheehan, M.D.
Lawrence F. Wasser, M.D.

Residents in Psychiatry
Joseph H. Albeck, M.D.
Gerald M. Aronoff, M.D.
Alan L. Bateman, M.D.
Stephen J. Bergman, M.D.
Martha R. Bobruff, M.D.
Daniel M. Brener, M.D.
Kathleen A. Dempsey, M.D.
Stuart E. Edelman, M.D.
Alan R. Felthous, M.D.
*Elizabeth W. Grynberg, M.D.
J. Stephen Heisel, M.D.
William S. James, M.D.
Monte S. Kay, M.D.
Marita M. Keller-Teschke, M.D.
Michael A. Levy, M.D.
Steven E. Locke, M.D.
Shirley F. Marks-Brown, M.D.
Wanda S. Needleman, M.D.
Harrison G. Pope, Jr., M.D.
Kenneth M. Settel, M.D.
Marsha Speller, M.D.
Jonathan P. Strang, M.D.
Barry Sugarman, M.D.
Steven Varga-Golovcsenko, M.D.

Residents in Child Psychiatry
Steven L. Ablon, M.D.
Paul H. Arkema, M.D.
Toni Cleaver, M.D.
Fredric J. Coplon, M.D.
Elsie J. Freeman, M.D.
Matthew R. Friedman, M.D.
Alexandra Murray, M.D.
Jacqueline Musliner, M.D.
Frank Paolitto, M.D.
Russell Ricci, M.D.
Frederick Stoddard, M.D.
Robert P. Tufo, M.D.

SENIOR CONSULTING STAFF
John A. Abbott, M.D.
Mark D. Altschule, M.D.
Lydia Dawes, M.D.
Senior Consulting Child Psychiatrist
Paul M. Howard, M.D.
William F. Murphy, M.D.
Helen Tartakoff, M.D.
Senior Consulting Child Psychiatrist

BOARD OF CONSULTATION
Harry C. Solomon, M.D.

*On affiliation from Metropolitan State Hospital December 1974 through May 1975
Through June 30, 1975

DEPARTMENT OF MEDICINE

Internal Medicine

Physician
Charles H. Weingarten, M.D.

Assistant Physician
Joseph J. Herskovits, M.D.

Clinical Assistant in Medicine
Robert D. Busiek, M.D.

Senior Medical Technologist
Cornelia Cremens, B.S., M.T.

Physical Therapist
Sara Lawthers, R.P.T.

Pediatrics

Associate Attending Pediatrician
S. Norman Sherry, M.D.

Assistant Attending Pediatrician
Michael L. Goldfein, M.D.

Podiatry

Podiatrist
Theodore H. Atkinson, D.P.M.

Consultants
Steven Aron, M.D., *Consultant in Ophthalmology*
Max J. Bulian, M.D., *Consultant in Obstetrics - Gynecology*
Harold L. Chandler, M.D., *Consultant in Nuclear Medicine*
Carl Cohen, D.M.D., *Dental Consultant*
Herbert E. Daitch, D.M.D., *Dental Consultant*
Joel P. Douglas, D.M.D., *Consultant in Orthodontics*
Michael G. Ehrlich, M.D., *Consultant in Orthopaedics*
Robert W. Fasciano, D.M.D., *Consultant in Periodontology*
Ignatius J. Fiorenza, D.D.S., *Dental Consultant*
James M. Gibbons, Jr., M.D., *Consultant in Orthopaedic Surgery*
Eugene A. Guralnick, M.D., *Surgeon Consultant*
Zolman Helfand, M.D., *Surgical Consultant*
R. Harlow Hermanson, M.D., *Consultant in Radiology*
Ruby G. Jackson, M.D., *Consultant in Obstetrics - Gynecology*
Arnold Katz, O.D., *Consultant in Optometry*
Robert A. Provost, Jr., *Consultant in Orthopaedic Surgery*
Bernard Sears, M.D., *Consultant in Urology*
Joseph S. Wallace, M.D., *Consultant in Obstetrics - Gynecology*

NEUROLOGY

Neuroanatomist
Walle J. H. Nauta, M.D., Ph.D.

Associate Attending Pediatric Neurologist
Norman P. Rosman, M.D.

Assistant Neurologist
Bryan T. Woods, M.D.

Assistant Attending Neurologist
Edwin H. Kolodny, M.D.

Assistant Attending Pediatric Neurologist
Eileen M. Ouelette, M.D.

Consultants in Neurology
David N. Levine, M.D.
Robert M. Stewart, M.D.

Consultant in Electroencephalography
Ira Sherwin, M.D.

DENTAL MEDICINE

Assistant Dental Surgeon
Herbert J. Dorris, D.M.D.

RADIOLOGY

Radiologic Technologist
Katherine Mulloy, R.T.

ALCOHOL AND DRUG ABUSE RESEARCH CENTER*

Director
Jack H. Mendelson, M.D.

Associate Directors
Nancy K. Mello, Ph.D.
Roger E. Meyer, M.D.

Associate Biochemist
James Ellingboe, Ph.D.

Research Fellow
Barbara Lex, Ph.D.

BIOLOGICAL RESEARCH LABORATORY

Director
Jordi Folch-Pi, M.D.

Neuropathologist and Associate Director
Alfred Pope, M.D.

Assistant Neuropathologist
Dorothy A. Gibson, Ph.D.

*Other staff listed in Psychiatry and Psychology

Associate Biochemists
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Victor E. Shashoua, Ph.D.

Assistant Biochemist
David Sakura, Ph.D.

Research Fellow in Biochemistry
David S. Chan, Ph.D.

PSYCHOBIOLOGICAL RESEARCH CENTER

Associate Psychobiologist
Steven Matthysse, Ph.D.

Associate Neuroanatomist
Valerie B. Domesick, Ph.D.

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist - Adult Services
Irene P. Stiver, Ph.D.

Chief Psychologist - Children's Services
Sebastiano Santostefano, Ph.D.

Psychologists
David J. Ingle, Ph.D. (Neuropsychology Laboratory)
Nancy K. Mello, Ph.D.
Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.

Associate Psychologists
Richard J. Bonier, Ph.D.
Ruth Goldman, Ph.D.
Scott Reinhardt, Ph.D.

Associate Child Psychologist
Robert B. Brooks, Ph.D.

Associate Attending Psychologists
Abram Chipman, Ph.D.
Robert Harrison, Ph.D.
Helen J. Kenney, Ed.D. (Department of Education)
Brendan A. Maher, Ph.D.
Norman A. Neiberg, Ph.D.
A. Michael Rossi, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologists
Jack L. Altman, Ph.D.
Thomas F. Babor, Ph.D.
Harold S. Bernard, Ph.D.
Isaac Greenberg, Ph.D.
Philip G. Levendusky, Ph.D.
Stephen J. Rothenberg, Ph.D.
Judith Singer, Ph.D.
Gary A. Taylor, Ph.D.

Martha Hardt, Ph.D.
Judith V. Jordan, Ph.D.
Marsha Vannicelli, Ph.D.
Harvey H. Waxman, Ph.D.

Assistant Child Psychologists
Richard M. Heavenrich, Ph.D.
Richard Monahan, Ph.D.

Assistant Attending Psychologist
Sophie B. Mintz, Ph.D.

Associate in Psychology
Harold Boris, A.B.
Jean K. Mason, M.A.

Assistant in Psychology
Gus B. Kaufman, Jr., M.A.

Assistant in Child Psychology
Ava M. Bry, M.S.

Postdoctoral Fellows
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Melvyn Segal, Ph.D.
Janet L. Surrey, Ph.D.

Postdoctoral Fellow in Child Psychology
Robert Berlin, Ph.D.

Fellows
Joan E. Berger, Ph.D.
Gerald Borofsky, Ph.D.
Mary Jo Camillus, Ph.D.
Robert Jampel, Ph.D.
Karlen Lyons-Ruth, Ph.D.
Carolyn Maltas, M.A.
Barbara Mandelkorn, Ph.D.
Harold Pass, Ph.D.
Marcia H. Wright, B.A.
David Zarchan, M.A.

Report of the Director

General

The most basic and pervasive challenge for institutions in modern society continues to be one of managing change — of responding to new forces and new realities operating both within and without.

Each year as I prepare to write my annual report, I think that, surely, the crest of change has been reached, that its pace will lessen and a less harried period will ensue for consolidating new clinical programs and new administrative strategies to deal with changing fiscal, regulatory, and health insurance realities. But, no, this is not to be. The tempo increases. The forces for change in both the internal and the external environment continue to mount, and this year was no different.

Internally, a number of relatively new programs were completing their first or second years of operation. Simultaneously, others were in the initiation or early planning stage. All programs — the old, the new, and the relatively new — were subject to forces and trends affecting the hospital as a whole. Chief among these were financial pressures created by a highly inflationary period and clinical pressures resulting from increased admissions and more rapid turnover of patients.

It was a full and exciting year for McLean Hospital.

Children's Center

The most significant and conspicuous of new programs at McLean is the Children's Center which admitted its first inpatient on the first day of the fiscal year. Its opening marked the culmination of many years of work on the part of many individuals in the hospital and outside. All involved can take pride in the clinical accomplishments outlined in the report of the Psychiatrist in Chief for its first year of operation.

Predictably, the start-up of such a major program was not without difficulty. Everything was new about the Center. Its staff, while first-rate in their respective fields, were for the most part new to McLean, having joined the hospital and begun their orientation to the Center's program the prior year. The patient population was new to McLean and included children with a range of illnesses. The facilities themselves were new.

The rate of admissions for its early months, at least, was overesti-

mated, and, thus, the expense of treating extremely sick children in what is in effect an intensive diagnostic and patient-care unit exceeded expectations. Not surprisingly, therefore, the Center ended the year with a substantial deficit, but with solid accomplishments in providing excellence in patient care and in handling the major integrative tasks of bringing together wholly new resources toward that end.

The Center holds great promise not only for the treatment of children in need, but also for the future of McLean.

Psychobiological Research Center

Plans for the building of a Psychobiological Research Center continued moving forward. During the year, preliminary design plans prepared by the architectural firm of Shepley, Bulfinch, Richardson and Abbott, were substantially completed and the effort to raise the $3.5 million required for its construction continued. The Director and the Psychiatrist in Chief visited many potential donors and found remarkable interest and generosity in many quarters. At the end of the fiscal year, we were still substantially short of our goal to convert this dream into a reality and to make possible a really comprehensive research program in the severe psychoses. Plans were underway for a research symposium on the "Biological Substrates of Mental Illness" for early 1975 which would mark the kick-off of the official capital fund-raising campaign for the new Center.

Patient Care Trends

While the report of the Psychiatrist in Chief describes various patient-care programs in more detail, certain trends are noted here because of their impact on the institution as a whole and its overall administration.

First is the continuing trend of increased admissions and ever-shortening hospitalization stays. Admissions to the adult and adolescent inpatient services numbered 939 for the fiscal year, reflecting a 30 percent increase over last year and a 90 percent increase over the prior year. The median length of stay was 44 days for the year just ended, compared with 54 days for the preceding year.

These statistics are indicative of many changes at McLean: Increased effectiveness in evaluating and treating the very sick within shorter time periods; greater use of partial hospitalization and halfway houses as alternatives to inpatient care; more emphasis on short-term treatment methods; easier access to McLean; and better discharge planning.

The limitations in insurance coverage for psychiatric illness will continue to affect the length of hospitalization. After years of discussion, there is still no national health insurance, and while there is every indication that it will eventually come, what form it will take and what coverage it will provide for psychiatric illness is still unknown. In this inflationary period in particular, our patients and their families as well as the hospital have felt the lack of adequate insurance coverage.

Hospital Reflects Societal Concerns

In reviewing the year's activities, I cannot help noting how many reflect developments in the outside society: The rise of consumerism; a concomitant challenging of authority in all types of institutions; emphasis on civil rights and equal employment opportunities; environmental concerns; the attention being paid to rising hospital costs and hospital building programs; and a resulting proliferation of state and federal regulations.

Patient civil rights, for example, occupied much of our time during the year. While McLean has historically, and with justification, prided itself for providing a humane environment for patients, since the passage in 1971 of a new Massachusetts law governing patients' rights, McLean has devoted considerable time to insure conformance with both the spirit and letter of the law. A Civil Rights Officer assists the Director in this area and is also available to patients. To the standard procedure for advising patients orally, upon admission, of their civil rights and the availability of the Civil Rights Officer, this year was added written notice. They now receive a copy of mental health department regulations on patient rights together with the name of the hospital attorney and his telephone number.

Also, there has been increased concern in the outside world about the civil rights of human subjects of research projects. There was considerable work during the year on redrafting pertinent hospital regulations to insure that there would be no misunderstanding of McLean procedures for protecting the rights of these individuals.

Similarly, there was much activity in the Affirmative Action and Equal Employment Opportunity areas. Not only were we involved in preparing voluminous data for federal and state authorities, but in staffing new and existing programs much extra effort and many extra steps were taken to demonstrate our commitment to affirmative action goals.

Societal concerns about the environment and about rising hospital building costs also affected the year's activities. The hospital worked

with various state agencies during the year to secure approval for necessary hospital renovations and new construction, and even the number of parking places it can make available to patients, staff, and visitors.

Another environmental concern, preserving the unique beauty and quality of the McLean landscape, also received attention. Dan Kiley and Associates, whose services were commissioned by McLean the previous year, submitted its recommendations for preserving the landscape and improving road systems and parking.

Patient Education

Arlington School, McLean's accredited high school, continued meriting its reputation for excellence in patient education. During the year, it was advised by the New England Association of Schools and Colleges that its initial three-year accreditation had been extended to ten years. Also, with the passage of a new Massachusetts law on special-needs children (Chapter 766), the school staff became heavily engaged in collaborative efforts with many school systems. At year's end, Arlington School was fully approved under the new law and the Psychoeducation Unit at the Children's Center was in the process of obtaining similar approval.

Accessibility to Key Groups

To increase its availability to key groups, the hospital administration has been holding biannual meetings for relatives of patients and for staff and employees. The Director and Psychiatrist in Chief met with all staff and employees twice this year to discuss hospital plans and developments and to answer questions about the hospital and matters that affect them. Similarly, the Director and Psychiatrist in Chief held two meetings for patients' relatives. Here, recent hospital developments were briefly presented and the major part of the meeting turned over to questions and concerns of the families regarding the hospital, psychiatric illness, treatment methods and, indeed, whatever they wished to explore. These have been lively meetings which have been useful both to families and the hospital. For families, the meetings have been both educative and supportive of their concerns about their patient relatives. For the hospital, they have provided useful feedback for improving services.

Key Appointment

During the year, Mr. Robert Murphy resigned after 18 months as Comptroller and Assistant Director for Fiscal Affairs to take an

important position in industry. The hospital was most fortunate to fill this important post almost immediately with Mr. Arnold Saitow. Mr. Saitow has an M.B.A. degree from the Harvard Business School and has experience in industry as well as health organizations. He has brought to the management of the hospital's financial affairs a very special kind of knowledge which is indeed useful in these very complicated times.

Summary

At year's end, the hospital could look back on solid accomplishments: the successful completion of the Children's Center's first year; progress toward a major research undertaking; more diverse patient care programs; and a record of treating ever-increasing numbers of patients in shorter time periods.

It also looked back on several problems and trends which show no signs of abating: increasing government regulations; health insurance uncertainties; a financial picture clouded by inflation, recession, and other factors noted in the Comptroller's report.

If the intake of patients does not occur as projected, the hospital must be prepared to find ways of retrenching on expenses. That it has done so successfully before, when necessary, provides assurance that it can be done.

In the long-range, however, it is vital that changes in the hospital's dispersed physical plant be made to reduce maintenance and staffing costs. The increased availability of psychiatric care in medical and community facilities makes it even more important to pursue every avenue to hold down costs.

In these times of accelerated change, the need to anticipate and keep in touch with developing trends is a prime responsibility of hospital administration.

With attention here and with the continuing good support of Trustees, staff, and so many others — Auxilians, volunteers, donors, and friends — McLean looks forward confidently to the many challenges that lie ahead.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Psychiatrist in Chief

General

In recent times, McLean has been engaged in an ongoing reassessment of how it can best apply its resources and expertise in fulfilling its three main missions of excellence in patient care, in teaching, and in research.

Among the questions being reexamined are: What patients is McLean treating and what patients might it treat? Where ought McLean to focus its research expertise and efforts? To what groups can the hospital's teaching function be extended?

The answers to these questions have led McLean to decisions to expand and otherwise change several existing programs and to develop new ones.

In the fiscal year just ended, a major task for the hospital was to activate innovations that had been envisioned when these decisions were made — that is, to translate conceptual objectives for new and improved programs into operating realities.

During the year, remarkable progress was made in this respect in several key areas.

Children's Center

On the first day of the fiscal year, October 1, the McLean Hospital Children's Center officially opened and admitted its first inpatient. Somewhat earlier, its outpatient service had begun the screening of children for both outpatient and inpatient services, and the selection and training of staff had begun. By April 1, the Children's Center staff numbered 128, and included child psychiatrists, psychologists, social workers, pediatricians, neurologists, nurses, special educators, special therapists, and child care workers.

Referrals to the Center grew steadily over its first year of operation. By April 1, 118 children had come with their families to the Center from near and distant communities. By year's end, 247 children and their families had been served. There were 115 admissions to the inpatient service and 132 to the outpatient service. Approximately half of the children were under 12 years of age, and half from 12 through 18 years of age. Two-thirds were boys. Diagnostic categories covered the full range from reactive disorders through organic brain syndromes and mental retardation. Many of the children had mixed diagnostic problems.

Elective, short-term hospitalization of the child has proved to be a most effective means for determining the diagnosis and achieving the proper treatment of child and family when other sources have failed and failed repeatedly to do so. (Over 75 percent of child inpatients had received prior service elsewhere.) It has permitted the staff to collect essential diagnostic data through detailed observations of the patient and family of behavior which often is not revealed during outpatient evaluation or home visits by diagnostic teams. The average duration of inpatient stays was 71 days.

A strong component of the services provided by the Children's Center has been those offered through its Departments of Child Psychology and Psychoeducation. A total of 872 psychological diagnostic tests were provided by the former unit during the year, and 8,380 special education school days for patients by the latter unit.

The Center has initiated several research activities and has already established a reputation for excellence in training in child psychiatry, clinical child psychology, special education, child psychiatric social work, and pediatric neurology.

Within the span of one fiscal year, the Children's Center has met its original goals with distinction and enabled McLean, for the first time in its 163-year history, to offer comprehensive services for children.

Adult Services

The Admission Services unit, reorganized last year to make access to hospitalization at McLean quicker and easier, more than met that goal. Adult inpatient admissions this year numbered 939 compared with 716 in 1973 and 473 in 1972. Thus, admissions increased 30 percent over last year and 90 percent over the preceding year.

The Appleton Treatment Center, McLean's alcoholic treatment unit, now two years old, had another successful year. Virtually filled to capacity since its opening with admissions of over 100 new patients annually, it also serves readmissions and returns for continuous day and night care. Patients' average age is 41. During the year, the Center established weight-control groups and a Quit-Smoking Clinic.

Partial Hospitalization Services is still another new program which made substantial progress in crystallizing new goals and turning them into working realities. An amalgam of partial-care units, its services are used in lieu of hospitalization for many individuals and, for others, as transitional steps from the hospital to living in the community.

Two major achievements in its first full year of operation can be noted. It has reduced markedly a previously large number of aftercare patients attached to inpatient halls through such actions as discharge,

referral to community facilities, or transfer to appropriate McLean partial-care programs. And by developing stronger working relationships with community agencies, it has increased the effectiveness of McLean's discharge and aftercare planning.

Last year, for the first time, McLean had three halfway houses operating throughout the full fiscal year — Berkeley House in Boston; and Waverley House and the Appleton Residential Living Center, both on McLean grounds.

McLean's Outpatient Clinic had its tenth anniversary during the year, and held almost 20,000 interviews with nearly 700 patients in treatment.

The Evaluative Services Unit conducted studies on a wide variety of patient care programs at McLean, enabling the hospital and its program directors to judge more precisely the effectiveness of treatment programs and methods and to identify where and how efforts might be redirected.

By year's end, we had crystallized plans for an Adolescent and Family Treatment Center to open shortly after the start of the following fiscal year. Services available in the Center will include individual therapy, peer group therapy, marital therapy, family therapy, and multiple family therapy.

Training

The hospital's residency training program in adult psychiatry — and, indeed, the hospital as a whole — suffered a great loss with the untimely death of Harvey M. Shein, M.D., who served both as McLean Clinical Director and Codirector of Residency Training.

Dr. Shein had directed and guided the residency program for the past five years and had contributed immeasurably to McLean in many other ways in his more than ten years with the hospital.

By design, the residency program was slightly contracted in July, at which time there were 23 adult psychiatric residents and two residents in adolescent psychiatry. As at the Children's Center, the adult hospital trained a wide variety of professionals: clinical psychologists, physicians, neurologists, teachers, social workers, nurses, rehabilitation and occupational therapy workers, and those preparing for careers in legal medicine and pastoral counseling.

The Facility for Continuing Education had its first anniversary during the fiscal year. With a grant from the NIMH, the Facility joined with Boston University School of Social Work and Tufts-New England Medical Center to form a Mental Health Continuing Education Consortium. Its purpose is to offer a wide range of mental health edu-

cational services in the New England area.

Also, the Facility took steps to secure approval as a Continuing Medical Education center so that it might develop a program for certification and recertification in psychiatry.

The Facility's School Consultation and Training Program worked in schools in a dozen different communities this year, and sponsored two highly successful national seminars for educators: a three-day conference in March and a three-week conference in July.

Research

In research, the hospital moved along several fronts.

The McLean Alcohol and Drug Abuse Research Center completed its first full year of operation and became one of three major clinical research centers in the nation to be funded by the President's Special Action Office for Drug Abuse. It received a grant of $3.9 million.

The biological, behavioral, and social concomitants of alcohol abuse, marijuana use and heroin dependence are being studied at the Center. Studies are also underway on the efficacy of narcotic antagonists and substances which may be of value in the treatment of alcohol and barbiturate addiction.

Plans also went forward during the year for the building of a laboratory on the grounds of McLean for a comprehensive Psychobiological Research Center. Along with Seymour S. Kety, M.D., and his associates at the Massachusetts General Hospital, Harvard University and the Massachusetts Institute of Technology will join forces with McLean scientists at the new Center in an intensive effort to elucidate the biological processes in schizophrenia and the other major mental illnesses. The Center will complement existing research at McLean, adding research in psychobiology, genetics, neuropharmacology, neurophysiology, molecular biology, clinical biochemical research, and neuroanatomy.

Summary

Several things characterized the year just completed: a number of programs in their first and second years of implementing new goals; extension of services to new groups — children, alcoholics and those suffering from other drug addictions; and a commitment to joining with other institutions to advance man's knowledge of mental illness and his ability to treat it.

SHERVERT H. FRAZIER, M.D.
Psychiatrist in Chief

Report of the Administrator

The past fiscal year has been characterized primarily by a continued expansion of clinical and research programs without a corresponding increase in support services; substantial higher costs for and shortages of supplies, including food, oil, linens, paper products, and maintenance items, as well as higher utility costs; continued upgrading of the physical plant, and a further proliferation of governmental regulations affecting hospitals.

During the year $573,267 was spent on capital improvements including $131,443 on major movable equipment. Thirty-seven percent of the project work was completed by hospital personnel.

Major projects included installation of a 750 KVA transformer to increase electrical capacity, upgrading the wiring and bathroom facilities on South Belknap; modernizing and enlarging the Accounting Department; partial renovation of Bowditch I; continued upgrading of Dietary facilities; installation of new boilers and fuel tank in Upham House; consolidation of offices for the Appleton Treatment Unit on Appleton III; partial renovation of Upham House for the Adolescent and Family Treatment Program; and continued expansion of the fire alarm system. This volume of activity resulted in a capital budget deficit of $257,000 committed against 1974-1975 depreciation funds.

In July the number of beds assigned to the Appleton Treatment Unit was increased from 11 to 15 with a corresponding reduction in Partial Hospitalization beds from 11 to 7 to more clearly identify the total volume of services provided by the Appleton unit.

Fiscal restraint required that new and expanded programs be serviced with minimum increases in supporting staff, placing additional strains on all departments. Approximately 60,000 square feet of new and renovated space, including the Children's Center, opened during the year. Lack of funding for new dietary facilities necessitated upgrading of equipment and the addition of a cafeteria self-service line to accommodate increased volume.

A number of programs have been initiated to better meet the challenge of inflation and shortages. In November, energy-saving measures were taken to conserve fuel, including a stepped-up program of insulating heating pipes, closing radiators in unoccupied areas, reducing tunnel lighting, lowering heat to 68° in occupied buildings, and limiting the use of hospital vehicles. As prices increased, substitutions were made as indicated without compromising departmental effective-

ness or patient care. Staff were informed of conservation measures and ideas through the hospital news bulletin.

A new cycle menu was adopted to provide for more effective ordering, purchasing, inventory and cost control systems. Particular attention is being paid to property and inventory protection through internal auditing procedures, key control, and the application of electronic security supervisory systems in critical hospital areas.

Expansion of parking facilities has not kept pace with the increase of staff and visitors. It is difficult to achieve a balance between preserving the aesthetic qualities of the McLean landscape, providing adequate and accessible parking facilities, and allocating limited capital resources to essential hospital projects.

To complicate matters, the Environmental Protection Agency's Transportation Control Plan for the regulation of parking facilities in the Boston area requires that the hospital reduce presently inadequate employee parking spaces by 25% effective May 31, 1975. As a result of overall negative reactions, the regulations may be modified prior to the effective date. If not, the hospital will have to establish expensive and time-consuming procedures with no guarantee that staffing problems will not exist.

In February, the Suggestion Committee presented its first annual award to Ms. Lois Rosoff, who suggested that patients be asked to evaluate their hospital stay as a routine procedure during discharge. To date the program has demonstrated that effective use can be made of the creative ideas of employees, patients, and volunteers in improving hospital operations and patient services.

McLean has shown that it can meet the present challenge of inflation, shortages, and controls. It is clear, however, that sound financial, organizational, and clinical program planning are essential for the future survival of the institution.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of the Assistant Director for Fiscal Affairs

The year ended September 30, 1974 was one of mixed results for McLean. It was in May of this year that the Economic Stabilization Program was allowed to lapse and with it, externally imposed control over costs and prices. This event removed a great deal of uncertainty from our institution and restored the management of the hospital back to where it belonged, with the hospital administration and the trustees.

The removal of controls, however, was not accomplished early enough to completely undo the economic perturbations created during this period of rampant inflation. Even with a 23 percent increase in total income and an 11 percent increase in patient days, McLean suffered an operating deficit for the year of $282,797.

In spite of these financial limitations, McLean was able to post some significant achievements during the year. First, the Children's Center completed its initial start-up period and is now projected to operate as a financially self-supporting but integral part of the McLean treatment program.

Second, McLean continues to adhere to its policy of providing significant support to the surrounding community. In this year, allowances to patients unable to pay the full cost of hospitalization amounted to $692,169. This is a program which we consider essential to maintain even in the face of operating deficits.

Third, as already noted in other reports, McLean continued to experience growth in admissions.

Finally, recognizing that our people are our most important asset, McLean was able to provide some relief for the effects of "double-digit" inflation. As with people throughout the nation, our staff was caught in the middle between rising prices and externally-imposed limitations on salary increases. To the extent consistent with the financial situation at McLean, some relief from this situation was provided.

Of note this year is the continuing trend of greater third-party involvement in payments for McLean hospitalization. During this year, 52 percent of the total cash received was from third-party payors. This is up from 46 percent in fiscal year 1973 and 41 percent in fiscal year 1972.

This trend has a favorable impact on cash flows for the hospital with a decreasing dependence on borrowed funds.

Although the involvement of third-party payors has a positive effect

on the cash inflow of the hospital, more and more of these carriers are moving toward a cost reimbursement philosophy. Under this philosophy, many of the real costs associated with operating the hospital are considered nonreimbursable because they are not directly associated with patient care. As this philosophy spreads among third-party payors, increasingly large allowances will have to be made for the nonreimbursable items of expense with a continuing unfavorable impact on actually realized revenue.

In conclusion, I would like to note here the hospital's increasing concern with the inflationary economy and the resultant effect on hospital charges. Total hospital expenses increased 27.3 percent over the comparable period last year. Twice within a six-month period McLean Hospital administration found it necessary to implement increases in the full range of hospital charges to cope with these cost increases. Even with this unprecedented action, the hospital accumulated a substantial operating deficit. At this writing, the outlook in the general economy and the uncertainty created by the conflicting proposals for national health insurance creates much concern.

Changes in reimbursement philosophy and process have already appeared in the Federally sponsored Medicare and Medicaid programs. National health insurance will supply additional momentum to these changes. Unfortunately, the exact direction and, therefore, the ultimate impact on McLean and health-care institutions in general is almost impossible to predict.

This entire area is one of constant concern and surveillance by McLean. Through the efforts of our own staff and through professional association involvement, we will be maintaining close watch over the evolution of proposals for national health insurance. Through these activities, McLean will be able to achieve a significant input and satisfactory adjustment to whatever program develops.

ARNOLD R. SAITOW, M.B.A.
Assistant Director for Fiscal Affairs

TABLE I
Admissions to Inpatient Service 1973-1974
by Previous Hospital Experience, Sex, and Related Other Characteristics

SCHEDULE A:	1st to Any				1st to McLean				Readm. to McLean				Total Admissions			
SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	208	151	359	71	91	90	181	48	52	61	113	67	351	302	653	62
General Hospital	36	39	75	15	13	17	30	8	7	6	13	8	56	62	118	11
Psychiatric Hospital	2	3	5	1	64	48	112	30	9	6	15	9	75	57	132	13
Other & Not Determined	33	34	67	13	35	19	54	14	14	13	27	16	82	66	148	14
Total	279	227	506	100	203	174	377	100	82	86	168	100	564	487	1051	100
SCHEDULE B:																
DIAGNOSES																
Psychoses Associated with Organic Brain Syndromes	11	15	26	5	3	3	6	1	0	2	2	1	14	20	34	3
Non-psychotic Organic Brain Syn.	10	1	11	2	0	1	1	1	0	0	0	0	10	2	12	1
Mental Retardation	4	1	5	1	1	0	1	1	0	0	0	0	5	1	6	1
Schizophrenia	61	40	101	20	76	61	137	36	36	37	73	43	173	138	311	29
Major Affective Disorders	17	17	34	7	17	18	35	9	8	8	16	10	42	43	85	8
Paranoid States	1	4	5	1	1	1	2	1	0	0	0	0	2	5	7	1
Neuroses	27	29	56	11	14	12	26	6	6	5	11	7	47	46	93	9
Personality Disorder & Special Symptoms	80	79	159	31	75	58	133	35	27	26	53	31	182	163	345	33
Transient Situational Disorders	31	24	55	11	6	16	22	6	3	3	6	4	40	43	83	8
Other Psychoses	4	6	10	2	8	2	10	2	2	5	7	4	14	13	27	2
Diagnoses Deferred & Others	0	0	0	0	0	2	2	1	0	0	0	0	0	2	2	1
Behavior Disorders of Childhood and Adolescence	33	11	44	9	2	0	2	1	0	0	0	0	35	11	46	4
Total	279	227	506	100	203	174	377	100	82	86	168	100	564	487	1051	100
SCHEDULE C:																
AGES																
3-13	62	25	87	17	6	2	8	2	1	0	1	1	69	27	96	9
14-20	91	61	152	30	46	38	84	22	20	16	36	21	157	115	272	26
21-30	39	50	89	18	84	55	139	37	40	19	59	35	163	124	287	27
31-40	25	25	50	10	22	23	45	12	10	17	27	16	57	65	122	12
41-50	24	18	42	8	18	23	41	11	7	10	17	10	49	51	100	10
51-60	12	15	27	5	16	18	34	9	1	11	12	7	29	44	73	7
61-70	8	11	19	4	9	7	16	4	3	8	11	7	20	26	46	4
71-80	14	16	30	6	2	7	9	2	0	4	4	2	16	27	43	4
81+	4	6	10	2	0	1	1	1	0	1	1	1	4	8	12	1
Total	279	227	506	100	203	174	377	100	82	86	168	100	564	487	1051	100

TABLE II
INPATIENT POPULATION 1973-1974

CHARACTERISTICS	Beginning of Year October 1, 1973				Admitted During Year			
TOTAL NUMBER	In Hospital		249					
	On Visit		163					
			412				1051	
	Male	48%	197					
	Female	52%	215					
AGES	M	F	T	%	M	F	T	%
3-13					69	27	96	9
14-20	91	62	153	38	157	115	272	26
21-30	53	49	102	25	163	124	287	27
31-40	22	32	54	13	57	65	122	12
41-50	3	27	30	7	49	51	100	10
51-60	13	18	31	7	29	44	73	7
61-70	10	7	17	4	20	26	46	4
71-80	4	17	21	5	16	27	43	4
81+	1	3	4	1	4	8	12	1
Total	197	215	412	100	564	487	1051	100
DIAGNOSES								
Psychoses Associated with Organic Brain Syn.	2	3	5	1	14	20	34	3
Non-psychotic Organic Syn.	2	11	13	3	10	2	12	1
Mental Retardation	1	1	2	1	5	1	6	1
Schizophrenia	95	99	194	47	173	138	311	29
Major Affective Disorders	14	10	24	5	42	43	85	8
Paranoid States	0	5	5	1	2	5	7	1
Neuroses	10	22	32	8	47	46	93	9
Personality Disorder & Special Symptoms	61	40	101	25	182	163	345	33
Transient Situational Dis.	10	11	21	5	40	43	83	8
Other Psychoses	1	12	13	3	14	13	27	2
Diag. Deferred & Others	1	1	2	1	0	2	2	1
Behavior Disorders of Childhood & Adolescence					35	11	46	4
Total	197	215	412	100	564	487	1051	100

BY SELECTED CHARACTERISTICS

Discharged During Year				Remaining At-End September 30, 1974				Change During Year		
				In Hospital		251		+2		
				On Visit		157		−6		
		1055				408		−4		
M	F	T	%	M	F	T	%	M	F	T
53	19	72	7	16	8	24	6	+16	+8	+24
163	114	277	26	85	63	148	36	−6	+1	−5
165	135	300	29	51	38	89	22	−2	−11	−13
60	63	123	12	19	34	53	13	−3	+2	−1
44	63	107	10	8	15	23	6	+5	−12	−7
36	42	78	7	6	20	26	6	−7	+2	−5
13	23	36	3	17	10	27	7	+7	+3	+10
13	33	46	4	7	11	18	4	+3	−6	−3
5	11	16	2	0	0	0	0	−1	−3	−4
552	503	1055	100	209	199	408	100	+12	−16	−4
17	24	41	4	−1	−1	−2	0	−3	−4	−7
9	4	13	1	3	9	12	3	+1	−2	−1
3	2	5	1	3	0	3	1	+2	−1	+1
159	136	295	28	109	101	210	51	+14	+2	+16
30	47	77	7	26	6	32	8	+12	−4	+8
2	5	7	1	0	5	5	1	0	0	0
48	53	101	9	9	15	24	6	−1	−7	−8
207	171	378	36	36	32	68	16	−25	−8	−33
40	36	76	7	10	18	28	7	0	+7	+7
8	13	21	2	7	12	19	4	+6	0	0
0	2	2	1	1	1	2	1	0	0	0
29	10	39	3	6	1	7	2	+6	+1	+7
552	503	1055	100	209	199	408	100	+12	−16	−4

TABLE III
DISCHARGES FROM INPATIENT SERVICE 1973-1974
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION:	Male	Female	Total	Total
Home (Parental or Marital)	396	371	767	73
Psychiatric Hospital (or Psych. Wing of General Hospital)	61	41	102	9
General Hospital or Nursing Home	10	21	31	3
School	9	3	12	1
Foster Home	2	2	4	1
Own Apartment	30	36	66	6
Half-way House	19	15	34	3
Other	20	10	30	3
Deceased	5	4	9	1
Total	552	503	1,055	100
CONDITION:				
Recovered	8	8	16	2
Much Improved	106	117	223	21
Moderately Improved	179	173	352	33
Slightly Improved	92	88	180	17
Unimproved	162	113	275	26
Worse	0	0	0	0
Deceased	5	4	9	1
N.D. Other	0	0	0	0
Total	552	503	1,055	100
LENGTH OF HOSPITALIZATION ON BOOKS:				
0-10 Days	75	72	147	14
11-30 Days	91	64	155	15
31-90 Days	226	177	403	38
91-180 Days	68	62	130	12
181-365 Days	48	66	114	11
1-2 Years	28	38	66	6
2-5 Years	15	22	37	3
Over 5 Years	1	2	3	1
Total	552	503	1,055	100
LENGTH OF HOSPITALIZATION IN RESIDENCE:				
0-10 Days	82	81	163	15
11-30 Days	111	89	200	19
31-90 Days	243	217	460	44
91-180 Days	53	50	103	10
181-365 Days	38	39	77	7
1-2 Years	15	20	35	3
2-5 Years	9	7	16	1
Over 5 Years	1	0	1	1
Total	552	503	1,055	100

McLean Hospital
STATEMENT OF DIRECTOR'S EQUITY
September 30, 1974

ASSETS

Cash		$ 280,743.42
A/R McLean Hospital		
Current Month's Billing	$1,028,232.85	
Inhouse Accounts Overdue	1,785,809.94	
Discharged Accounts	2,377,053.29	
Due from Medicare	163,057.08	
Outpatient Clinic	162,353.86	
Sub-Total	5,516,507.02	
A/R Children's Hospital —		
In Patients	600,555.41	
Outpatient Clinic	45,668.22	
TOTAL	6,162,730.65	
Less Reserves for Doubtful Accounts	364,164.99	5,798,565.66
A/R (Accounts Receivable) Miscellaneous		280,975.96
Inventories — Materials and Supplies		132,964.80
Prepaid Items		391.67
TOTAL ASSETS		$6,493,641.51

LIABILITIES

Accounts Payable	840,758.66	
Federal and State Taxes Payable	111,324.35	
Blue Cross/Blue Shield Premiums Payable	25,135.20	
Deferred Income — Other	27,246.57	
Reserve for Real Estate Taxes	29,242.10	
Reserve for Workmen's Compensation	6,642.69	
Reserve for Unemployment Compensation	23,049.95	
Reserve for Blue Cross	44,545.00	
Reserve for Life Insurance Employees	20,277.03	
Reserve for Liability Insurance	2,736.95	
Fiduciary Exchange Accounts	59,066.64	
TOTAL LIABILITIES		1,190,025.14

TREASURER'S EQUITY

Treasurer's Equity as of 9/30/73	3,815,365.08	
Add: Cash from Treasurer Y.T.D.	3,550,000.00	
CUMULATIVE DEPRECIATION	451,825.26	
Less: Operating Surplus or (Deficit)	(265,706.06)	
Disbursements Y.T.D. Special Funds	(1,640,840.81)	
Disbursements Y.T.D. Capital Additions	(607,027.10)	
Treasurer's Equity as of 9/30/74		5,303,616.37
TOTAL LIABILITIES AND TREASURER'S EQUITY		$6,493,641.51

McLean Hospital
OPERATING STATEMENT

(For year ending September 30, 1974)

CENSUS	1974	1973
Patient Days	96,087	86,559
Average Daily Census	263	237
Percent of Occupancy	82%	86%
Number of Beds Available	320	275
INCOME		
Room and Care	$10,808,678	$ 8,455,120
Day and Night Care	646,661	648,167
Outpatient Clinic	544,500	452,502
Other Patient Income	1,524,473	1,297,875
Other Non-Patient Income	785,032	776,325
TOTAL OPERATING INCOME	14,309,344	11,629,989
DEDUCTIONS FROM INCOME		
Free Service — Inpatients	414,488	259,145
Free Service — Day and Night Care	20,038	19,926
Free Service — Outpatient Clinic	257,643	238,896
Medicare Allowance	41,625	67,284
Blue Cross Allowance	(16,159)	130,506
Courtesy Allowance	2,131	2,838
Provision for Doubtful Accounts	156,719	206,584
TOTAL DEDUCTIONS FROM INCOME	876,485	925,179
NET OPERATING INCOME	13,432,859	10,704,810
EXPENSES		
Salaries and Wages (Nursing)	3,534,543	2,835,892
Salaries and Wages (Other)	6,202,544	4,754,704
Total Salaries and Wages	9,737,087	7,590,596
Supplies	1,158,333	891,577
Outside Services	864,076	597,189
Depreciation	451,825	360,036
Other Expenses	1,487,245	1,302,169
TOTAL EXPENSES	13,698,566	10,761,567
OPERATING SURPLUS OR (DEFICIT)	(265,707)	(56,757)
OTHER INCOME		
Treasurer's Income	80,919	80,098
Less Treasurer's Expense	98,009	56,154
NET TREASURER'S INCOME (DEFICIT)	(17,090)	23,944
NET SURPLUS OR (DEFICIT)	$ (282,797)	$ (32,813)

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).

The following abbreviations are used:

B.C.H. — Boston City Hospital, 818 Harrison Ave., Boston, Mass. 02118
B.H.H.C. — Bunker Hill Health Center, 73 High Street, Charlestown, Mass. 02129
B.I.H. — Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.H.W. — Boston Hospital for Women, Lying-In Division, 221 Longwood Ave., Boston, Mass. 02115
B.U.H. — Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.M.C. — Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H. — Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
H.M.S. — Harvard Medical School, 25 Shattuck Street, Boston, Mass. 02115
H.S.D.M. — Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass. 02115
H.S.P.H. — Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115
L.M.H.C. — Lindemann Mental Health Center, Government Center, Boston, Mass. 02114
L.S.H. — Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL. — McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I. — Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H. — Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T. — Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C. — Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.C.H. — New England Center Hospital, 171 Harrison Ave., Boston, Mass. 02111
N.E.D.H. — New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H. — Peter Bent Brigham Hospital, 721 Huntington Ave., Brookline, Mass. 02115
R.B.B.H. — Robert Breck Brigham Hospital, 125 Parker Hill Ave., Roxbury, Mass. 02120
R.F. — Retina Foundation, 20 Staniford Street, Boston, Mass. 02114
S.B.I. — Shriners Burns Institute, 41 Blossom Street, Boston, Mass. 02114
V.A.H. (W.R.) — Veterans Administration Hospital, 1400 V.F.W. Parkway, West Roxbury, Mass. 02132

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Blodgett, Frederic M.
Cook, Charles D.
Dohrmann, George J.
Ewell, John W.
Farmer, Douglas A.
Finseth, Frederick J.
Fuldner, Russell V.
Glenn, William L.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Meigs, J. Wister
Mesaros, Marie A.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Thach, William T., Jr.
Whitford, Warren

New London
Barry, Richard M.

Noank
Sutphen, John H.

Norwalk
George, Robert C.
Mulford, Edwin H. II

Rockville
Pina, Burt D.

Sharon
Gevalt, Frederick C., Jr.

Southport
Harris, H. Patterson, Jr.

Stamford
Kraut, Herbert L.

Stratford
Licciardello, Anthony T.

Wallingford
Smith, Robert P.

Washington
Tenney, Benjamin

Waterbury
Berg, Gerald R.

Watertown
Cole, Clarence H.

West Hartford
Coley, Mary S.
Hepburn, Robert H.
Klein, Michael D.
Riege, David H.

West Haven
Boger, William P.

Woodstock
Forbes, Cecile P.

DELAWARE

Wilmington
Maroney, John W.

DISTRICT OF COLUMBIA
Breslow, Alexander
Cantor, Frederick K.
DePriest, Oscar S.
Donaldson, Magruder C.
Graze, Peter R.
Greene, Mark H.
Hobson, Lawrence B.
Kennedy, L. James
Koppel, Elizabeth A.
Long, John C.
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Nigra, Thomas P.
Nimetz, Allen A.
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Watts, James W. II
White, Alan F.
Wood, William E.

FLORIDA

Boca Raton
Saunders, George M.

Clearwater
Logue, Patrick J.

Cocoa Beach
Crawford, George F.

Coral Gables
Keiser, Robert P.
Smith, Robert S.

Fort Lauderdale
Simon, Royal L.

Fort Pierce
Waring, Elmar S.

Gainesville
DeBusk, Franklin L.
Kaufman, Herbert E.
Keitt, Alan S.
Lowe, Charles U.
Schiebler, Gerald L.
Wheeler, William F., Jr.

Jacksonville
Davis, James McC.
Rogers, Kent E.

Jupiter
Smithwick, Reginald H.

Lakeland
Fuller, Henry
Thompson, Edgar B. III
Miami
Buckley, David K.
Levey, Gerald S.
Sanders, Jay H.
Williams, Willis H.
Miami Beach
Caplan, Lewis
Greenberg, Jack J.
Grossman, Milton S.
Naples
Williams, Roger N.
Orange Park
Zavisca, Frank G.
Orlando
Broome, Robert A.
Eliscu, Edward H.
Popkin, Michael K.
Thompson, Edgar B. III
Palm Bay
Sycamore, Leslie K.
Panama City
Waxman, Bruce A.
Pensacola
Holmes, S. Grant
Putnam County
Sheldon, Charles P.
St. Petersburg
Baker, William G., Jr.
Sarasota
Clement, S. Preston, Jr.
Malkin, Richard B.
Sewell, Jack B.
Vance, Robert G.
Tampa
Drewry, Garth R.
O'Connor, Thomas A.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warrington
Graybiel, Ashton

GEORGIA
Atlanta
Craver, Joe M.
Dillon, Harold T., Jr.
Dimon, Joseph H. III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Liss, Robert A.
Rosenberg, Mark L.
Trowbridge, Frederick L.
Tuttle, Elbert P., Jr.
Augusta
Haas, Melvyn L.
Brunswick
Ward, Albert J.
Carrollton
Brock, Benjamin L.
Columbus
Vaughan, Robert H.
East Point
Tucker, Robert P.
Gainesville
Banks, Rafe, Jr.
LaGrange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Savannah
Brown, F. Bert
Carlton, Frank E.
Sea Island
Wood, James A.
Smyrna
Eaton, S. Boyd

HAWAII
Honolulu
Dodge, Richard S.
Severson, Larry J.
Stewart, Steele F.
Straehley, Clifford J., Jr.
Wong, Livingston M.D.
Yee, Lester P.K.

IDAHO
Boise
Myers, Harvey A.P.

ILLINOIS
Argonne
Brues, Austin M.
Belleville
Maier, Ward R.
Chicago
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Freinkel, Ruth K.
Goldberg, Leon I.
Goulian, Mehran
Howe, Henry F.
Kahan, Barry D.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Oparil, Suzanne
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Rosenberg, Irwin H.
Shorey, William D.
Soyke, Lester F.
Weinger, Jesse M.
Great Lakes
Wesley, John R.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
LaGrange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Maywood
Connelly, John P.
Rantoul
Westerfield, Larry H.
Springfield
McGann, Robert C.
Urbana
Bloomfield, Daniel K.
Waukegan
Waldeman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., Jr.
Muncie
Steinbaum, Lola S.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
DesMoines
Gordon, Arnold M.
Iowa City
Corry, Robert J.
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.

Oskaloosa
Catterson, LeRoy F.
Waterloo
Bickley, Donald W.

KANSAS
Kansas City
Asher, Marc A.

KENTUCKY
Lexington
Francis, Lewis
Hutton, John J., Jr.
Maruyama, Yosh
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton L. Douglas
Bate, John T.
Canty, Timothy G.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
Carvillee
Crutcher, William
New Orleans
Kaiser, John S.
Morris, Harry D.
Sullivan, Philip H.
Shreveport
Embree, Larry J.
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Auburn
Thacker, Henry C.
Augusta
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Brown, Robert H.
Clement, James D., Jr.
Bar Harbor
Gilmore, Edward B.
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Caribou
Collins, H. Douglas
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Chisholm
Gashgai, Abdollah
Kittery
Snyder, Monica H.
Snyder, William H., Jr.
Portland
Bidwell, Robinson LeR. II
Drake, Emerson H.
Fritz, Ronald E.
Hawkes, Richard S.
Hiebert, Clement A.
Leonard, Laurence M.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.
Readfield
McPhedran, Alexander M.
Saco
Stevens, Harold W.
Sanford
Ogden, Ralph T.

MARYLAND
Annapolis
Shulman, Leonard A.
Baltimore
Becker, Lewis C.
Currie, Richard A.
Feldman, Joel J.
Firminger, Harlan I.
Friedman, Stanford B.
Fritz, William F.
Gay, Leslie N.
Heller, Richard M.
Hollander, Joshua
Howards, John E.
Imembo, Anthony L.
Issacs, James P.
James, A. Everette, Jr.
Johnson, Richard T.
King, W. Bradley, Jr.
Littlefield, John W.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Oh, Kook S.
Ryan, James
Symonds, Daniel A.
Talalay, Paul
Talamo, Richard C.
Von Kessler, Kirby L.C.
Walsher, Mackenzie
Weinstein, Howard J.
Weisfeldt, Myron L.
Williams, G. Melville
Zuidema, George D.
Bethesda
Arenson, Ronald L.
Atkinson, John P.
Ballenger, James C.
Bear, David M.
Becker, Karl E., Jr.
Beckman, Edwin
Berzofsky, Jay A.
Bilheimer, David W.
Brem, Steven
Brewer, H. Bryan, Jr.
Broadus, Arthur E.
Brown, Crawford S.
Burke, Robert E.
Canellos, George P.
Chase, Thomas N.
Cohen, Philip
Cole, Enser W. III
Collins, Robert C.
Crystal, Ronald G.
Curd, John G.
Dale, David C.
Deuel, Thomas F.
Edelson, Richard L.
Gimbrone, Michael A., Jr.
Glass, Andrew C.
Grave, Gilman D.
Harmel, Richard P., Jr.
Helms, Charles
Herberman, Ronald B.
Hodes, Richard J.
Howeley, Peter M.
Khoury, George
Kirshner, Howard S.
Kolins, Jerry
Koopman, William J. III
Laster, Leonard
Leslie, Bruce R.
Levis, William R.
Levy, Ronald
Marx, Stephen J.
Meltzer, Monte S.
Miller, Walter L.
Minna, John D.
Morton, Robert O.
Mudd, S. Harvey

Oster, Martin W.
Parillo, Joseph E.
Popper, Charles W.
Post, Robert M.
Reilly, James J., Jr.
Ricks, John E.
Rogentine, George N., Jr.
Root, Richard K.
Rose, Morton H.
Rosen, Robert A.
Rosenthal, Susan N.
Sachs, David H.
Schulman, Joseph D.
Scolnick, Edward M.
Simpson, Paul C., Jr.
Smith, R. Graham
Spiegel, Allen M.
Torch, William C.
Waldmann, Thomas A.
Webster, Henry deF.
Wolff, Jan
Wynne, Lyman C.
Young, Neal S.

Chevy Chase
McFarlane, Anne D.
Monchik, Jack M.
Scardino, Peter T.
Varney, Hewitt I.

College Park
Kumpe, David A.

Columbia
Mrazek, Nancy J.

Easton
Gieske, Judith P.
Harper, David T., Jr.

Kensington
Brooks, Benjamin G.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Agus, Saul G.
Cohen, Max H.
Fisher, Richard I.
Sheagren, John N.
Williams, Melvin W.

Silver Spring
Mirkin, Gavriel B.
Waldmann, Katharine S.

Towson
Admas, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Andover
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Chaglassian, John H.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
Levine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Altman, Jack L.
Bornstein, Irving D.
Crone, Neil L.
deMarneffe, Francis L.A.
Dierker, Louise A.
Fern, Donald J.
Fischberg, Bruce W.
Howard, Paul M.
Hurston, Ronald O.
Kagan, Jerome
Kazanjian, Varaztad H.
Sleeper, Edward L.
Spillane, John B.
Stanton, Alfred H.
Walter, Mark M., Jr.
Washburn, Stephen L.
Wasser, Lawrence F.
Weingarten, Charles H.

Beverly
Alt, Richard E.
Bacon, William B.
Caudill, Estill L.
Fienberg, Robert
Hewson, James S.
Lamkins, Burham E.
MacDonald, Alexander S.J.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.
Todd, Barnard P.

Boston
Aaron, Roy K.
Abbott, John A.
Abbott, William M.
Aber, Robert C.
Abernethy, Robert S.
Abraham, Henry D.
Abrahm, Janet Lee
Abramowitz, Harold
Ackerman, Robert H.
Ackerstein, Harold
Adams, F. Dennette
Adams, John, Jr.
Adams, John B.
Adams, Patricia C.
Adams, Raymond D.
Agnew, Malcolm E.
Aguino, Telmo M.
Ahluwalia, Bhagwat D.
Aikawa, Naoki
Aisenberg, Alan C.
Akins, Cary W.
Albert, Thomas W.
Allen, David F.
Ali, Hassan H.
Allen, Henry F.
Allyn, Thomas R.
Alonso, Anne W.
Alper, Joseph C.
Alpert, M. Elliot
Alpert, Nathaniel M.
Althausen, Alex F.
Alton, William J.
Ames, Adelbert III
Anderson, Frank H.
Anderson, Jeffrey L.
Anderson, William H.
Andres, Joel M.
Andrew, Norman W.
Antel, Jack P.
Antonio, Robert P.
Antoon, Alia Y.
Aprille, June R.
Apter, Roy J.
Arees, Edward A.
Arnason, Barry G.W.
Arndt, Kenneth A.
Aronow, Saul
Asbury, Robert F.
Aserkoff, Bernard R.
Astrom, Karl E.
Athanasoulis, Christos A.
Atkins, Leonard
Attia, Rafik Rizk
Auerbach, David A.
Aufranc, Otto E.
Ausiello, Dennis A.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Averill, Robert M., Jr.
Avruch, Joseph

Axelrod, Lloyd
Baden, Howard P.
Badger, Theodore L.
Baillieul, John B.
Baker, Ann L.S.
Baker, George P.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldessarini, Ross J.
Ballantine, H. Thomas Jr.
Bandman, Everett
Banks, Henry H.
Barker, Robert H.
Barlow, John S.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, James E.
Barron, Kenneth G.
Barry, Herbert, Jr.
Barsh, Laurence I.
Barsky, Arthur J.
Battit, George E.
Baum, Stanley
Bauman, Margaret L.
Bauman, Roger A.
Beall, Andrea W.
Beardslee, William R.
Beck, Clyde H., Jr.
Beck, William S.
Becker, Carter M.
Becker, Daniel I.
Beecher, Henry K.
Behringer, Glenn E.
Beiser, Morton
Beitins, Inese Z.
Beller, George A.
Belsey, Richard E.
Bennett, Lorna J.
Bennion, Lynn J.
Benz, Ronald R.
Bercovitch, Lionel G.
Bercu, Barry B.
Berenberg, William
Berger, Eric G.
Bergman, Ira
Berkowitz, Ivor D.
Berkowitz, Leonard B.
Bernstein, Norman R.
Bhan, Atul K.
Biebuyck, Julien F.
Bierbaum, Benjamin E.
Bigos, Stanley T.
Biller, Bruce J.
Bird, Kenneth T.
Birnbaum, Howard W.
Biswas, Chitra
Black, Edward B.
Black, Paul H.
Black, Peter M.
Blacker, Edward
Bland, Edward F.
Bland, John H.L.
Blank, Irvin H.
Bloch, Antoine
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Bloomberg, Wilfred
Blumer, Dietrich P.
Bode, Hans H.
Boerstling, Herbert
Bodnar, Andrew G.
Boland, Arthur L.
Bondoc, Conrado C.
Bonnette, Harris L.
Borden, Spencer IV
Borofsky, Gerald L.
Borus, Jonathan F.
Boucher, Charles A.
Bough, Edward W.
Bouhours, Jean F.
Bowie, Jack E.
Boxer, Michael A.
Boyd, Robert E. III
Boyd, Robert J.
Boyer, Arthur L.
Bradley, Richard D.
Brand, Jeffrey B.
Brass, Sydney
Bredin, Hugh C.
Brendler, Samuel J.
Brendze, Robert B.
Brewster, David C.
Brier, Arnold M.
Briggs, Burton A.
Bringhurst, Franklin R.
Brodie, Bruce R.
Brook, Jacob G.
Broudy, Arnold S.
Brown, Thornton
Browne, Thomas R.
Brownell, Gordon L.
Browns, Kirby L.
Bruner, John M.R.
Bruns, Romaine R.
Bucher, Nancy L.R.
Buchwald, Irwin A.
Buckley, Mortimer J.
Bunnell, James B.
Bunting, Douglas III
Burdick, James F.
Burke, Donald S.
Burke, John F.
Burnham, Charles A.
Burrage, Walter S.
Burstein, Nelson A.
Burton, James A.
Bush, Michael A.
Bushnell, Leonard S.
Busse, Joel M.
Buth, Jacob
Byers, Randolph K.
Cable, William J.
Cade, Jerry D.
Cahan, Lucienne A.
Cameron, Fergus M.
Caner, G. Colket
Canessa, Mitzy L.
Cannon, Bradford
Cannon, Lovick E.
Caplan, Charles H.
Caplan, Gerald
Caplan, Louis R.
Carabello, Blase A.
Carnes, Harold A.
Carter, Edward A.
Carter, Edwin L.
Carvalho, Angelina
Case, John A.
Cass, Leo M.
Cass, William
Cassem, Edwin H.
Casten, Virgil G.
Castleman, Benjamin
Castro, Francisco R.
Castronovo, Frank P., Jr.
Caulfield, James B.
Cave, Edwin F.
Caviness, Verne S., Jr.
Chaharyn, Joanne C.
Chandler, Hugh P.
Chang, Sidney E.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chayet, Neil L.
Chedekel, David S.
Cheeseman, Sarah H.
Chelmicka-Kizlich, Ewa E.
Cheng, Vincent S.
Chesler, David A.
Chess, Leonard
Chiang, Han Twu
Chiotellis, Philip N.

Choi, Chan H.
Choma, Leo
Chou, Iih-Nan
Christopher, Charles W.
Chu, Ann Maria
Churchill, W. Hallowell, Jr.
Cid, Luis
Clark, John L.
Clark, Mark W.
Clark, Mary B.
Clement, Philip B.
Clemmons, David R.
Clifford, Stewart H.
Cloherty, John P.
Clopath, Peter
Clough, Donald M.
Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, Alfred M.
Cohen, Benjamin E.
Cohen, Carla B.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Raquel E.
Cohen, Richard B.
Cohen, Roberta B.
Cole, Edwin M.
Coleman, David L.
Coleman, William S.
Colton, Clark K.
Conn, Melvin L.
Conners, C. Keith
Constable, John D.
Cook, Idella K.
Coons, Albert H.
Cooper, Jeffrey B.
Cooperman, Sheldon
Cope, Oliver
Cordova, Arturo
Cori, Carl F.
Corkery, Joseph C.
Correia, John A.
Cosgrove, Delos M.
Cosimi, A. Benedict
Cotruvo, Vincent P.
Covino, Benjamin G.
Crapo, Lawrence M.
Crawford, John D.
Crone, Robert K.
Cronkhite, Leonard W., Jr.
Cronlund, Malcolm M.
Crothers, Omar D.
Crowell, Robert M.
Crowley, Daniel S.
Crowley, William F., Jr.
Cullen, David J.
Culver, Perry J.
Curfman, Gregory D.
Curren, Franklin C.
Currens, James H.
Curwen, William L.
Cywinski, Josef K.
Daggett, Willard M., Jr.
Dagi, Teodoro F.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
Daly, John S.F.
D'Amour, Monique L.
D'Amour, Pierre
Daniels, Gilbert H.
Darling, R. Clement
d'Autremont, Chester C.
David, John R.
Davidoff, Frank F.
Davidson, Betty A.
Davidson, Gerald E.
Davidson, John B.
Davies, John A.K.
Davis, Fred G.
Davis, James M. III
Davis, Joseph E.
Davis, Kenneth R.
Davison, James K.
Dayer, Jean-Michael
DeBros, Frederic M.
Dedrick, Carolyn G.
Dedrick, Daniel F.
de la Garza, Jose L.
Delmonico, Francis L.
Delong, G. Robert
DeLuca, Salavatore
DeMarco, Anthony M.
Dembner, Alan G.
Demirjian, Zareh N.
Denny, Laurence A., Jr.
Derkac, Wayne M.
DeSanctis, Roman W.
Deutsch, Stephen D.
Deykin, Daniel
DiBona, Ronald R.
Dicato, Mario-Antoine
Dickerson, G. Richard
Dickson, Dickie B.
Dimsdale, Joel E.
Dinarello, Charles A.
Dineen, James J.
Dinsmore, Robert E.
Ditton, John N.
Dixon, Richard E.
Dodson, Thomas F.
Dohan, Francis C., Jr.
Donaldson, Gordon A.
Donelan, Matthias B.
Donlon, John V., Jr.
Donoff, Robert B.
Donovan, Donald D.
Dooling, Elizabeth C.
Doppke, Karen P.
Doroshow, James H.
Dorrie, Reza
Dos Santos, Maria Julia L.
Doyle, Gerald J.
Drapkin, Mark S.
Draskoczy, Camille B.
Driesbach, James N.
Dretler, Stephen P.
Drew, Michael A.
Dreyfuss, Jack R.
Drop, Lambertus J.
DuBois, Carol S.
DuBois, Jay G.
Dudani, Niranjankumar
Duffy, Benedict J., Jr.
Dumont, Matthew P.
Duncan, Gary W.
Durant, Thomas S.
Dvorak, Harold F.
Dywer, Thomas F.
Dyer, Edward C.
Earls, Felton J. III
Ebeid, Amin M.
Ehrlich, Michael G.
Eisenberg, Leon
Eisenstadt, Michael L.
Eisenthal, Sherman
Eliot, Gail R.
Ellis, Daniel S.
Ellis, Lawrence B.
Ellman, Leonard L.
Elman, Arthur J.
Emans, John B. II
Emerson, Clifton W.
England, Albert C., Jr.
Epp, Edward R.
Epstein, Joshua
Epstein, Michael F.
Erana, Luis
Erbe, Richard W.
Erdmann, A. John III
Eron, Lawrence J.
Estes, Joseph W.
Evans, Robert E.
Eyre, David R.
Fagenholz, Linda S.L.

Fagenholz, Samuel A.
Fagundes, Luiz A.
Fahmy, Nabil R.
Fair, Paul L.
Falchuk, Kenneth R.
Falk, William E.
Fallon, John T.
Falltrick, Robert T.
Fang, Leslie S.
Farnham, Jack E.
Farnsworth, Dana L.
Farquhar, Barbara B.
Faulkner, James M.
Fawcett, Don W.
Feingold, David S.
Feingold, Murray
Feldman, Geraldine G.
Feldon, Steven E.
Fell, Gary
Fenichel, Robert R.
Fernandez, Raymond J.
Ferraro, Nalton F.
Ferrell, Robert W., Jr.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Field, Mark G.
Field, Richard A.
Fine, Jacob
Fink, David J.
Fischer, Edwin G.
Fischer, Josef E.
Fischer, Keith C.
Fisher, C. Miller
Fisher, Morris A.
Fisk, Samuel H.
Fitzhugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Fleming, T. Corwin
Flint, Gregory L.
Floor, Erik R.
Flore-Calle, Jorge
Floyd, William N.
Fogelson, Frederick S.
Folkman, M. Judah
Foote, Warren E.
Forbes, Anne P.
Ford, Henry C.
Foster, Gerald S.
Fox, Lowell E.
Fozard, James L.
Fraley, Elwin E.
Frankel, Freddy H.
Franklin, William
Franks, Douglas J.
Franseen, Clifford C.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Frega, Norberto S.
Friedlich, Allan L.
Friedman, Joel
Friedman, Rochelle R.
Friedman, Ronald D.
Fromer, John L.
Fuleihan, Samir F.
Fuller, Arlan F.
Fuller, Thomas C.
Funkenstein, H. Harris
Gagliano, Angelo
Galdabini, James J.
Gallagher, Michael J.
Galler, Janina R.
Galli, Stephen J.
Gallico, George G.
Gambill, John D.
Ganz, Robert N.
Gardella, Joseph W.
Gardner, David G.
Gardner, George E.
Garg, Hari G.
Garland, Rebecca C.
Garrett, John C.
Garrett, John W.D.
Garvey, Thomas Q.
Gates, Phillip H.
Geffin, Bennie
Geffin, Gillian A.
Gelenberg, Alan J.
Geller, Richard J.
Gelman, Martin L.
Gerber, Bernard M.
Gephart, F. Thomas
Gergely, John
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Todd, Donald P.
Todres, Israel D.
Tolman, E. Laurie
Tolman, Maurice M.
Tolpin, Eugene I.
Tomchik, Frederick S.
Tomford, William W.
Tompkins, Randolph E.
Toole, Bryan P.
Torsvik, Harald
Touchette, Paul E.
Trebbin, Wayne M.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trockman, Gordon J.
Trueheart, Pamela A.
Truman, John T.
Twarog, Francis J.
Ulfelder, Howard
Ulman, Kathleen H.
Umlas, Joel
Vacanti, Joseph P.
Valle, Alice W.
Valle, Calixto C. III
Van Den Eijnden, Dirk H.
Vander Salm, Thomas J.
Vasu, Mihnea A.
Veen, Hermanus F.
Vezeridis, Michael P.
Vickery, Austin L., Jr.
Vignola, Paul A.
Villanueva, Jose S.
Villar, Luis F.
Vitale, Salvatore F.
Vrba, Rudolph
Walker, Alexander M.
Walker, Evelyne
Walker, Peter F.
Walker, William A.
Wall, Michael A.
Waller, John L.
Walsh, John W.
Walshe, Thomas M. III
Walter, Thomas K.
Waltman, Arthur C.
Walton, David S.
Walton, Kenneth G.
Walzer, Sarita G.
Wands, Jack R.
Wang, Chiu-an
Wang, Chiu-chen
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Wasserman, Linda
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Weber, Alfred L.
Webster, Edward W.
Weese, William C.
Weihl, Albert C. III
Weinberg, Robert M.
Weinfeld, Marvin S.
Weinstein, Louis
Weintraub, Harold P.
Weintraub, Ronald M.
Weir, Gordon C.
Weiser, Milton M.
Weisman, Avery D.
Weiss, Alfred D.
Weiss, Charles
Weiss, Howard D.
Weiss, Mark A.
Weith, Herbert L.
Weitzman, Sigmund A.
Welch, Charles A.
Welch, Claude E.
Welch, John B.
Welch, William R.
Wells, Lionelle D.
Wells, Roe
Wellum, Glyn R.
Wenstrup, Robert S.
Wepsic, James G.
Westfall, Michael P.
Wexler, Laura F.
Wheeler, Edwin O.
Wheeler, James H.
Wheelock, Frank C., Jr.
Whiffen, John R.
White, James C.
Whiting, Richard G.
Wiesman, Harold J., Jr.
Wilkins, Earle W., Jr.
Willer, Lee H.
Williams, Conger
Williams, Harold W., Jr.
Williams, Larry S.
Williams, Robert S.
Williams, Vernon P.
Wilson, Norman E.
Wilson, Roger S.
Winchester, Mark A.
Winer, Jordan J.
Winickoff, Richard N.
Winkler, Gerald F.
Winn, Henry J.
Winslow, Boyd H.
Wintroub, Bruce U.
Wirthlin, LeRoy S.
Wittenberg, Jack
Witters, Lee A.
Wolpow, Edward R.
Woo, Beverly
Woo, Sybil Wong
Wood, Lawrence C.
Wood, William C.
Woodruff, Lorande M.
Worden, J. William
Worobec, Thomas G.
Wray, Shirley H.
Wrenn, Simeon M.
Wright, James K.
Wu, Ai-Lien
Wyman, Edwin T., Jr.

Yamamoto, Kochizo
Yates, Colin
Yeatman, Lawrence A., Jr.
Yett, Harris S.
Yoder, Isabel C.S.
Young, D. Michael
Young, Hugh H. II
Young, Robert R.
Yurchak, Peter M.
Zack, Michael B.
Zaias, Barbara W.
Zaiden, James R.
Zalewski, Kristen J.
Zamecnik, Paul C.
Zapol, Warren M.
Zervas, Nicholas T.
Zieper, Irving
Zimbler, Seymour
Zimin, Robert J.
Zir, Leonard M.
Zitin, Barry R.
Zitin, Melinda K.
Zuckerman, Pamela
Zuger, James H.
Zurawski, Vincent R., Jr.
Zusman, Randall M.

Braintree
Boerstling, Herbert

Brewster
Daland, Ernest M.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Flynn, Robert E.
O'Brien, Richard G.

Brockton
Baker, Edward P., Jr.
Courey, W. Robert
Duncombe, Alfred L.
Mixter, Charles G., Jr.
Nebesar, Robert A.
Polansky, Burton J.
Williams, Robert C.

Brookline
Barton, Theodore C.
Bernstein, Jerrold G.
Boudreau, Francis H.
Burgin, Leo B.
Chute, Richard
Cline, Herbert S.
Davies, John A.V.
Doonan, James M.
Faxon, Henry H.
Goldthwait, Joel C.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Linton, Robert R.
Marcus, Saul M.
Martin, Albert R.
Mushatt, Cecil
Nathan, Louis
Nickman, Steven L.
Nobel, Kenneth W.
Peters, John H.
Potter, Maxwell G.
Salveson, Lawrence C.
Schatzki, Richard
Schatzki, Stefan C.
Schwartz, Harry C.
Sidman, Richard L.
Silverman, Samuel
Simmons, Barry P.
Stone, Jeffrey D.
Thomas, William H.
Villee, Dorothy
Waitzkin, Evelyn D.
Webster, Richard C.
Winsor, Allen P.
Wolff, Louis
Zaudy, Eleanore C.

Burlington
Barrett, John P., Jr.

Cambridge
Ackroyd, Frederick W.
Balch, Franklin G., Jr.
Bales, Robert F.
Bandler, Bernard
Beierholm, Edward A.
Binger, Carl A.L.
Bock, Arlie V.
Brazelton, T. Berry
Briefer, Caesar, Jr.
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Chiappa, Keith H.
Coles, Martin R.
Coolidge, John C.
Counter, Samuel A.
Decker, Briant L.
Deutsch, Helene
Dixon, Suzanne D.
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Engel, Lewis L.
Everett, Henry C. III
Feinhandler, Sherwin J
Figman, Robert J.
Frank, Thomas
Gill, Peter Lawrence
Gordon, John E.
Hass, Gerald
Hubbard, Eliot, Jr.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Keefer, Constance H.
Koumans, Alfred J.R.
Kulka, J. Peter
Langston, Charles S.
Lawrence, Robert S.
Lees, Robert S.
Leibel, Rudolph L.
Mann, Robert W.
Manson, James G.
Mass, Lawrence
McFarland, James C.
Merrill, Edward W.
Mogielnicki, Robert P.
Moore, Gordon T.
Moses, John M.
Myers, Gordon S.
Osler, David C.
Paul, Igor L.
Pechet, Maurice M.
Pierce, Chester M.
Point, W. Warren
Porter, Phillip J.
Postel, Sholem
Rawdon, William K.
Rectanus, Daniel R.
Reid, Elizabeth A.
Reinhold, Vernon N.
Richie, Robert H., Jr.
Rosbrow, Susan R.
Ross, Ralph A.
Shelton, William R.
Stanbury, John B.
Stone, Alan A.
Sturgis, Sommers H.
Tingey, William H., Jr.
Toll, Karel van Syckel
Varma, Surendra K.
Wallace, James W.
Wechsler, James S.
Weinberg, Arnold N.
Weinberger, Jerome L.
Wohl, Martin J.
Woods, Bryan T.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zwerdling, Robert G.

Charlestown
Allukian, Myron, Jr.
Bentley, Donald

Burns, Barbara J.
Frank, Robert A.
Frankel, Jerold M.
Guthrie, Andrew D., Jr.
Leet, Robert K.
Regier, Darrel A.
Sachs, Benjamin
St. Onge, Stephen E.
Simmons, Alvin
Sweet, Roger H.
Wang, Chi Shiang

Chelsea
Baker, Everett B.
Ciccone, Patrick E.
Cipolloni, Patsy B.
Grossman, Melvyn L.
Trucco, Marcelo B.

Chestnut Hill
Dwight, Richard W.
Hodgson, John S.
Hoeffel, Gerald N.
Homans, John, Jr.
Knowles, John H.
Simon, Harold
Thorndike, Augustus

Cohasset
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Cantu, Robert C.
Ginandes, Shepard C.
Hadley, Terry P.
Hallenbeck, Dorr F., Jr.
Keuper, Charles S.
Norton, Paul L.
Rudnick, Jeffrey P.
Soutter, Lamar
Strickler, William L.
Toomey, Edward G.
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Hagopian, Peter B.
Jones, Wallace A.
Nam, Sang Kyu
Padilla, Edna P.
Patton, Anthony S.
Stachiewicz, Danuta M.
Tejwani, Nehchal V.
Thornton, Clarence E.

Dedham
Bartlett, Marshall K.
Osborne, Robert K.
Putnam, Henry M.
Sweetnam, George H.

Deerfield
Lynch, Phillip I.

Dorchester
Dempsey, Peter A.

Dover
Akins, Carlton M.
Clowes, George H.A., Jr.
Kinsey, Dera
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.

East Boston
Carl, Charles W., Jr.
Minichiello, William E.

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Miller, Abbott R.

Falmouth
Bixby, H. Irving
Christman, George
Palmer, Michael S.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Denton, Jane E.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Leeman, Cavin P.
Senghas, Richard E.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.
Oder, Frederic E.
Rosenberg, Bruce M.

Great Barrington
Whitfield, Thomas J.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Hathorne
Conboy, Edward A.

Hingham
Eldredge, LeRoy L., Jr.

Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
Mathewson, Herbert O.
O'Malley, Austin F.
Osmond, John D. III
Strayer, Luther M., Jr.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.

Jamaica Plain
Edsall, Geoffrey
Graham, John R.
Luongo, Michael A.
Solomon, Harry C.

Lawrence
Fowler, Joseph W. III
O'Shea, James A.

Leominster
Wheeler, Charles A.

Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Kahan, Eileen Blumenthal
Joseph, Alfred T.
Petersen, James A.
Sandhu, Hartej S.

Lincoln
Keevil, Charles S., Jr.
Kubik, Charles S.

Lincoln Center
Hardy, Harriet L.

Longmeadow
Hopkins, Frederick S.
Lewis, James
Plotkin, Leonard H.
Rich, J. Gordon
Tractenberg, Howard A.

Lowell
Grant, George J.M.
Letsou, Vasilios G.
Murphy, Michael D.
Norris, Ronald V.
Parsons, Edward F.

Lynn
Sarris, Spiros P.
Lynnfield
Simons, Laurence H.
Malden
Bennett, Warren
Manchester
Fremont-Smith, Maurice
Marblehead
d'Elseaux, Frank C.
Hopkins, Stanford W.
Kimball, Peter G.
Mattapoisett
Empson, Dora R.
Medford
Bennett, Doris R.
Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Osgood, Herman A.
Milton
DeLorme, Thomas L.
Driscoll, Robert A.
Gregg, Ward I.
McGrath, Edward F.
Sullivan, Eugene R.
Surman, Owen S.
Toch, Rudolf
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Forget, Bernard G.
Ostheimer, Gerard W.
New Bedford
Lewis, Emory O.
Stevens, Rose Marie
Tripp, Curtis C.
Velho, Lawrence F.
Newton
Amend, William C.
Brant, Rene S.
Cope, Stuart
Esmiol, Pattison
May, George A., Jr.
Renna, Francis S.
Speare, George S.
Newton Centre
Bonner, Frances J.
Carter, Lucille P.
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Egbert H.
Rutherford, Rondall W.
Smith, Judson A.
Newton Highlands
Brailey, Allen G.
Soloway, Albert H.
Newton Lower Falls
Brownsberger, Carl N.
Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.
Newtonville
Hermann, Howard T.
Leber, Martin E.
Norfolk
Yatsuhashi, Masao
Northampton
Averill, James H.
Dinale, Franco R.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
North Reading
Scanlon, John W.
Norwell
Kearsley, Richard B.
Malouf, Jamil
Mayo, Richard A.
Meyer, Jack E.
Oak Bluffs
Claydon, Charles T.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Rushforth, David J.
Quincy
Caruso, Michael G.
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Randolph
Donahoe, Patricia
Moore, Robert F.
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.
Salem
Brennan, Charles G.
Brode, Marvin M.
Conway, Richard E.
Morse, Frank P.
Polansky, Symon C.
Richards, Robert S.
Sweetland, Ralph C.
Taggart, F. Howard, Jr.
Thompson, Richard H.
Scituate
Joseph, John B.
Somerville
Fosberg, Martin T.
Pollard, John T., Jr.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Orleans
Dickson, William A.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
South Yarmouth
Anderson, Elroy E.
Springfield
Franseen, Elmer F.
Huston, Lewis L.
Iskandar, Adly H.
Keating, Philip J.
Williams, David W.
Zacarian, Setrag A.
Stoneham
Mueller, H. Peter
Stoughton
Sullivan, William H.
Sudbury
Adelson, William J.
Johnson, F. George
Robinson, Michael J.
Swampscott
Cornetta, William J. III
Mayo, Frederick B.
Miller, Carroll C.
Teaticket
Taylor, John B.
Vineyard Haven
Butler, Allan M.
Waban
Cares, Herbert L.
Colman, Robert W.
Garrey, Walter E.
Green, Sidney
Moncure, Ashby C.
Olin, Harry S.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.

Waltham
Agranat, Barry J.
Anderson, Donald F.
Arnett, Faye B.
Barber, Doris E.
Derer, Paul
Dulaney, John T.
Edelstein, Leon M.
Hardy, Irad B.
Holmes, Joseph A.
Jungalwala, Firoze B.
Kanfer, Julian N.
Kemper, Thomas L.
Kety, Josephine G.
Kumar, Anil
Lewis, Joseph L.
McCluer, Robert H.
Milunsky, Aubrey
Nigam, Mool P.
Papas, Arthur N.
Raynes, Norma V.
Richter, James J.
Shulman, Leonard B.
Sidman, Murray
Spence, Richard J.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Williams, Roger S.
Yakovlev, Paul I.
Yavin, Ephraim

Wareham
Lincoln, James R.

Watertown
Murray, Gordon F.

Wellesley
Catlin, Randolph, Jr.
Cavanaugh, James J. A.
Flanagan, Norris B.
O'Sullivan, Renee B.
Phillips, Edgar B. II

Wellesley Hills
Adams, Herbert D.
Aufranc, St. George T.
Bell, George O.
Cohen, John M.
Parker, Jack S.
Pfeffer, William, Jr.
Prather, George C.
Reidy, John A.
Siner, Myron
Stempien, J. Henry
Stifler, Richard B.
Zeller, John W.

Wenham
Rogers, Daniel M.

West Boylston
Hutchinson, David

West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.

West Dennis
Derrick, Charles C.

West Harwich
Carney, Henry J.

Weston
Choras, Peter T.
Clark, John G., Jr.
Duffy, Frank H.
Gauld, A. Gordon
Haessler, Herbert A.
Harper, Gordon P.
Moreton, John R.
Park, Kyung M.
Vaughan, M. Clay
Wilkins, George F.

West Roxbury
McGovern, Joseph J.M., Jr
Stewart, Thomas D.
Tasini, Miriam F.

Williamstown
Reynolds, George S.

Winchester
Annino, Donald J.
Felter, Jeffrie B.
Gross, Brian H.
Kaufmann, Gustav G.
Kenzora, John E.
Kermond, William L.
Love, Harry M.P.
Marks, George A.
Trevett, Laurence D.
Vogel, Albert V.

Woods Hole
Corning, Howard B.
Egloff, Frank R.L.

Worcester
Benedict, Karl T., Jr.
Burrow, Jarrell G.
Carmody, John T.B.
Cutler, Bruce S.J.
Damiani, C. Robert
Duggan, John A.
Geiger, Ronald H.
Gibson, James M.
Harper, Robert S.
Hermann, John B.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Starobin, Oscar E.
Stone, Bernard B.
Weiner, Milton A.
Wheeler, Bancroft C.
Yankauer, Alfred
Zmyslowski, Walter P.

MICHIGAN

Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Mills, Lawrence J.
Quarton, Gardner C.
Smilie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Arnstein, A. Robert
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
Blodgett, William H.
DelGuidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Youn, Chang H.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Herndon, James H.
Sugiyama, Tetsuo

Grosse Pointe
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Livonia
Abrahams, Saliem M.
Larson, Ronald R.

MINNESOTA
Golden Valley
Hakala, Thomas R.
Minneapolis
Allen, David W.
Croll, Diane
DeCesare, Ronald E.
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
McKhann, Charles F.
Okagaki, Takashi
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Veits, Harold R.
Wang, Yang
Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
Weinshilboum, Richard M.

MISSISSIPPI
Holly Springs
Young, Thomas K.
Jackson
Glass, D. David
Guyton, Arthur C.
Tonnesen, Alan S.
Weems, William L.

MISSOURI
Chesterfield
Stephens, William A.
Clayton
Volpe, Joseph J.
Kansas City
Dann, David S.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.
St. Charles
Colvin, Robert B.
St. Joseph
McDaniel, John R.
Riddell, Richard V.
St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Feingin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Gelb, Lawrence D.
Hanaway, Joseph
Hanser, Theodore H.
Hershey, Falls B.
Majerus, Philip W.
Maughs, Sydney B.
Mendelsohn, George E.
Miller, Jule P., Jr.
O'Brien, Robert M.
Owens, William D.
Prensky, Arthur L.
Purves, Dale
Robins, Eli
Shuter, Eli R.
Strauss, Arthur E.
Vagelos, Pindaros R.
Trenton
Fuson, W. Arthur
University City
MacDougal, Bruce A.

NEBRASKA
Omaha
Luikart, Ralph H.

NEVADA
Reno
Cantlon, Edwin L.
Fischer, John R.

NEW HAMPSHIRE
Concord
Mintz, E. Ross
Dover
Wilson, Robert F.
Dublin
Meath, James A.
Durham
Watson, Richard H.
Exeter
Curtin, Richard R.
Heyl, James T.
Mixter, Charles G., III
Francestown
Hitchcock, James
Greenfield
Bell, John F.
Hampstead
Cserr, Robert
Hanover
Friedman, Matthew Joel
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Hunter, Ralph W.
Lipowski, Zbigniew J.
Staples, O. Sherwin, Jr.
Jaffrey
McKittrick, Leland S.
Jaffrey Center
Millard, D. Glynn
Keene
Ash, Home L.
Gregory, Harold E.
Laconia
Baker, William J.
Manchester
Colokathis, Paul P.
McGahey, Claude E.
Walker, Jerome K.
Nashua
Berrien, Frederick B.
Newbury
Fish, James E.
North Conway
Pippitt, Richard B.
Peterborough
Watkins, Arthur L.
Plymouth
Townsend, James H.
Seabrook Beach
D'urso, John J.
Sunapee
Dickson, Carol C.
Temple
Rock, John

NEW JERSEY
Eatontown
Smith, Richard
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Glen Ridge
D'Alessandro, Genesio L.
Hightstown
Munro, Jeanette
Longbranch
Lopano, Angelo J.
Madison
Diehl, Sylvia D.
Montclair
Greene, Robert G.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.

Paterson
Van Eerde, Albert
Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.
Princeton Junction
Pierson, Joseph D., Jr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.
Voorhees
Schantz, Arthur S.

NEW MEXICO
Albuquerque
Adler, Scott
Gold, Gerald N.
Kinney, Robert J.
Means, Paul H.
Parnell, Edward
Williams, Ralph C., Jr.
Los Alamos
Grier, Robert S.

NEW YORK
APO
Campbell, Carlos C.
Dehner, Gerard A.
Pyenson, Leslie R.
Albany
Lozada, Rommel G.
Thomas, Wilbur A.
Atlantic Beach
Fischer, Beverly Ruth
Baldwin
Brownstein, Carlton S.
Bath
Traver, Ralph F.
Bronx
Abramowicz, Mark
Blachman, Paul S.
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Trieger, Norman
Ulick, Stanley C.
Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.
Maderson, Paul F.A.
Squire, Lucy F.
Tofield, Joshua J.
Zarins, Bertram
Buffalo
Bakay, Louis
Barlow, Joseph J.
Calkins, Evan
Guntupalli, R.M.D.V. Prased
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Cambridge
Amick, Arthur F.
Cooperstown
Butler, Henry E.
Mackie, Robert W.
McIver, Monroe A.
Sahler, Otto DeP.
Delmar
Berg, Howard
Glens Falls
Batt, Richard C.
Kenmore
Schenk, Worthington G., Jr.
Kingston
Gorman, Mary L. Gannon
Lake Placid
Joplin, Robert J.
Larchmont
Haralambie, James W.
Little Neck, Long Island
Wenig, Martin
Manchester
Bienvenu, Lester J.
Manhasset, Long Island
Ayers, William B.
Botstein, Paula M.
Coffey, Edward L., Jr.
Nicosia, Arnold P.
Mechanicville
Ryan, James P.
New Hartford
Millet, J. Bradford
New York City
Abel, Ronald M.
Ackerman, A. Bernard
Baddock, Sheldon S.
Bowden, Lemuel
Buchanan, Thomas M.
Carroll, Robert E.
Chen, Lincoln C.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Finkenstaedt, John T.
Franklin, John E., Jr.
Grant, Lester H.
Hajek, Joseph V.
Heffron, Roderick
Hofer, Myron A. II
Katz, Arnold M.
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Metcalf, Kenneth M.
Moore, Burness E.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Peterson, Hart deC.
Plank, Charles R.
Pollock, Edward J.
Rovit, Richard L.
Schultz, James S.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Steinman, Ralph M.
Stenger, Richard J.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Philip D., Jr.
Yount, William J.
Pittsford
Stetson, John B.
Poughkeepsie
Bedell, Wallace C.
Keeley, James K.
Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.
Roslyn Estates
Bonomo, Gregory R.

Scarsdale
Holland, Jimmie C.B.
Lipman, Marvin M.
Seed, John C.
Schenectady
Judd, James M.
Rogers, William A.
Staten Island
Pugliese, Michael M.
Suffern
Chattha, Amrik S.
Syracuse
Bornstein, Donald L.
Collins, George H.
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Upton
Cotzias, George C.
Dahl, Lewis K.
Utica
Case, Clarke T.
Knapp, Robert G., Jr.
Vestal
Pollack, James A.
Watertown
George, H. Louis, Jr.
White Plains
Newman, Herbert A.
Woodbury
Charash, Leon J.

NORTH CAROLINA
Asheville
Morrison, Roger W.
Salisbury, Kent W.
Chapel Hill
Barnett, Thomas B.
Chamberlin, Harrie R.
Craige, Ernest
Gabriel, Don A.
Gottshalk, Carl W.
Hadler, Nortin M.
Haslam, Kenneth R.
Lassiter, William E.
Miller, Milton L.
Monroe, John T., Jr.
Noble, John J., Jr.
Parker, John C.
Preston, Edwin T.
Sparling, P. Frederick
Charlotte
Brenizer, Addison G., Jr.
Eliot, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Appel, Stanley H.
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Lefkowitz, Robert J.
Mullin, Edward M.
Pearse, Richard L.
Peete, William P.J.
Reeves, Robert J.
Sherwood, Geoffrey K.
Welch, John P.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Hayesville
Talmadge, Sam M.
Jacksonville
Pease, Francis B.
Lejeune
Shamsey, Robert J.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Myers, Richard S.
Rhodes, John S.
Wooten, E. Jane H.
Worth, Thomas C.
Young, David A.
Southern Pines
Arrowood, Julia G.
McMillan, Robert M.
Winston-Salem
Bostic, William C. III
Conrad, Elizabeth

NORTH DAKOTA
Minot
Padget, Charles H.

OHIO
Akron
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Canton
Scott, Murray W., Jr.
Cincinnati
Acheson, George H.
Block, Gordon L.
Frieberg, Joseph A.
Gall, Edward A.
Glueck, Charles J.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Cleveland
Badel, Daniel W.
Banker, Betty Q.
Brodkey, Jerald S.
Burton, Richard I.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Kendrick, James I.
Lederman, Richard J.
Pearson, Olaf H.
Pohl, Marc A.
Rhinelander, Frederic W.
Saunders, Andrew
Weir, David R.
Cleveland Heights
Glover, Donald M.
Columbus
Ellis, Effie O.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.
Dayton
Hockwalk, W. Richard
Moreland Hills
Baumgartner, Donavin A., Jr.
North Canton
Shipley, Margaret S.
Oberlin
Warner, John H., Jr.
Wright-Patterson AFB
McNutt, Neil S.
Wulfson, Howard D.
Youngstown
Coombs, Frederick S.

OKLAHOMA
Ardmore
Schuler, James D.
Edmund
Carter, George B.
Muskogee
Fite, E. Halsell
Oklahoma City
Bell, James P.
Halverstadt, Donald B.
McClellan, Betty J.

Tulsa
Greenberg, Martin H.
Steele, Byron W., Jr.

OREGON
Corvallis
Steele, Robert E., Jr.
Eugene
Singer, Kenneth M.
Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas
Portland
Baker, Russell L.
Boyden, Allen M.
Dittmore, Harry B., Jr.
Garrison, Penelope K.
Hall, Robert G.
Lawrence, G. Hugh
McHugh, Paul R.
Novy, Miles J.
Prescott, William G.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Whittemore, James P.

PENNSYLVANIA
Andalusia
Tam, John A.L.S.
Ardmore
Sampson, D. Allen
Bangor
Cascario, Nicholas, Jr.
Bethlehem
Leister, Claude M.
Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.
Chester
Sewall, Warren
Danville
Heath, Robert D.
East Stroudsburg
Michie, Alexander J.
Erie
Monohan, John J.
Gladwyne
Montgomery, Hugh
Grove City
Limkakeng, Alexander D.
Gwynedd
Stoddard, James K.
Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Sun, Edward R.
Hershey
Babb, Joseph D.
Gentzler, Richard D. II
Vesell, Elliot S.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion
Richter, Howard A.
Merion Station
Murphy, Grace L.
New Wilmington
Adams, William P.
Paoli
Willens, John S.
Philadelphia
Brent, Robert L.
Broennle, A. Michael, Jr.
Carter, James R., Jr.
Dohan, F. Curtis
Dunkman, W. Bruce
Fisher, Mary S.
Flaxman, B. Alan
Gabuzda, Thomas G.
Ginsberg, Myron D.
Lau, Yuk-Kai
Leighton, Joseph
Littman, Philip
Mancall, Elliott L.
Murray, Thomas G.
Nicholson, Jesse T.
Perrin, George M.
Petersen, Robert Ole
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Starr, Isaac
Thier, Samuel O.
Vaughan, Victor C. III
Waxman, Herbert S.
Wood, Howard P.
Zacks, Sumner I.
Zinniger, George F.
Pittsburgh
Dwyer, John H.
Ferguson, Albert B., Jr.
Field, James B.
Green, William T.
McLaughlin, William B.
Price, Stuart E., Jr.
Ricks, William B.
Tyson, Robert G.
Urquhart, John III
Rosemont
Ming, Si-Chun
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
Wayne
Beck, Laurence H.
Wyalusing
Lowd, Harry M., Jr.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Morrissey, E. James
Morrissey, Eugene J.

RHODE ISLAND
Adamsville
Mason, William
Barrington
Kadish, Sidney P.
Bristol
Scott, H. Denman
Providence
Cotter, Walter C.
Cutts, Frank B.
Hairabet, John K.
Hamlin, Hannibal
Hopkins, Robert W.
Land, Richard E.
Lorch, Stephen
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Simeone, Fiorindo A.
Sinclair, Edmond B.
Spencer, Jack
Strom, John O.
Troppoli, Daniel V.
Urbaniak, Henry S., Jr.
Wu, Alain S.
Rumford
Hogan, John F.
Warwick
Madden, Edwin J.

SOUTH CAROLINA
Charleston
Paul, John R., Jr.
Summerall, Charles P. III
Talbert, Oliver R.

Columbia
Theus, Walter W.
Florence
Hyman, Vera C.
Fort Jackson
Ross, Jeffrey S.

SOUTH DAKOTA
Sioux Falls
Barlow, John F.

TENNESSEE
Big Spring
Warren, Charles F.
Chattanooga
Spalding, Robert
Franklin
Youmans, John B.
Johnson City
Brindley, Clyde O.
Kingsport
Malloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Nobles, Eugene R., Jr.
Shaw, John L.
Stern, Newton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Hall, Hugh D.
Lowder, Stephen C.
Newman, Elliott V.
Smith, Marion L.
Smith, Ralphael F.
Oak Ridge
Ruley, Henry B.

TEXAS
Austin
Kreisle, James E.
Winkler, John J.
Beaumont
Hinshaw, Arvil
Big Spring
Jarratt, Michael T.
Corpus Christi
Jenkins, Charles K.
Dallas
Bilheimer, David W.
Binion, John T.
Brown, Michael S.
Coggeshall, Howard C.
Goldstein, Joseph L.
Helgeson, Norman G.P.
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Moore, S. Halcuit, Jr.
Platt, Melvin R.
Rose, Patrick F.
Schneiderman, R. Neal
Smitherman, Thomas C.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, Clarence G.
Wheeler, James T.
Willerson, James T.
Williams, Hibbard E.
Williams, Oscar B., Jr.
Denison
Freeman, Don W.
El Paso
Zisook, Sidney
Fort Worth
Bernstein, Philip
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.
Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Gotto, Antonio, Jr.
Jarratt, Michael T.
Keats, Arthur S.
Kennedy, John H.
Mallette, Lawrence E.
Owen, William R.
Sugarbaker, Everett V.
Turner, John D.
Wilde, Henry D., Jr.
Wolf, Laurence E.
Wood, Edwin C.
McAllen
Evans, Sheridan S.
San Antonio
Bobroff, Lewis M.
Foley, F. Daniel
Harrington, John T., Jr.
Ryan, John A., Jr.
Seals, John R.
Thompson, Milton S., Jr.

UTAH
Ogden
Keyes, Gale H.
Perkins, Arthur
Orem
Burton, David A.
Salt Lake City
Heyes, Edward A.
Johnson, Dale G.
Middleton, Anthony W., Jr.
Nelson, Russell M.
Nielsen, Talmadge W.
Stewart, David R.
Temple, Anthony R.
Young, Clark

VERMONT
Barre
Buttles, Roy V.
Molind, Samuel E.
Bennington
Baker, Dudley M.
Giddings, W. Philip
Brattleboro
Glick, John L.
Burlington
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Sould, A. Bradley, Jr.
Tisdale, William A.
Enosburg Falls
O'Shea, Clare Marshall
Putney
Wallace, Lynn
St. Johnsbury
Morrison, Harvey R.
Neel, Harley S.
Shelburne
Bowen, Charles R.
Lowell, William H., Jr.
West Townshend
Folsom, Hugh F.
White River Junction
Crandell, Walter B.

VIRGINIA
Alexandria
Collins, Richard
Arlington
Lieber, Michael M.
Ormandy, Laszlo

Beckley
Klingensmith, Walter E.
Charlottesville
O'Brien, William M.
Swineford, Oscar, Jr.
Vasquez-Amory, Ernesto
Wood, J. Edwin, Jr.
McLean
Bridge, Edward M.
Newport News
Marsland, David W.
Norfolk
O'Hara, Patrick
Portsmouth
Brons, Ronald E.
Richmond
Blades, James F.
Goodale, Fairfield, Jr.
James, G. Watson III
Jones, Basil B.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Wright, R. Lewis
Roanoke
DeVerter, John S.
Glendy, Margaret M.
Wood, Benjamin S.
Vienna
Kimura, Kazuo K.
Lotz, Myron
Virginia Beach
Haynes, Ormond L., Jr.
Jeroy, Harry K.
Williamsburg
Jones, Thomas B.

WASHINGTON
Aberdeen
Cihak, Robert J.
Bellevue
Milam, Daniel F.
Bellingham
Watts, Arthur B.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bell, John W.
Brown, Norman K.
Edmunds, L. Henry, Jr.
Greene, Martin L.
Mannik, Mart
McCollum, Richard G.
Odland, George F.
O'Leary, Daniel H.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Spokane
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Tacoma
Eliel, Leonard P.
Vashon
Mansfield, Peter A.
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.

WEST VIRGINIA
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Revercomb, Paul H.
Fairmont
Shaffer, Frederick G.
Morgantown
Shaffer, Hubert A.

WISCONSIN
Elm Grove
Schmidt, Robert A.
LaCrosse
Gundersen, Adolf L.
Gundersen, A. Erik
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Rodman, Charles A. II
Shealy, C. Norman
Tompkins, Douglas G.
Madison
Albright, Edwin C.
Barsch, John H.
Gordon, Edgar S.
Hopkins, Charles E.
Javid, Manucher
Katz, Allan M.
Maki, Dennis G.
McClung, John L.
Osborn, June E.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Litwin, S. Bertrand
Morgantown
Morgan, Winfield S.
Princeton
Mueller, Gustave C.E.

WYOMING
Cheyenne
Kind, Henry A.
Cody
Ridway, Elizabeth W.

ARGENTINA
Buenos Aires
Bordone, Lilia E.

AUSTRALIA
Camperdown
Atkinson, Kenneth H.
Glenelg East
Morley, Helen R.
Medindie
McCoy, William T.
Melbourne
Colquhoun, John B.
Parkville
Niall, Hugh D.
Sydney
Lane-Brown, Malcolm M.
Slater, Barbara L.

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. deQ.
Sao Paulo
Barretto, Oscar deF.

CANADA
Aylmer
McKay, Wilfred W.
Calgary
Walker, Robert H.
Edmonton
Colpitts, Grant E.
Huckell, John R.

Halifax
Marshall, Clyde S.
Hamilton
Fine, Stuart H.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley
Montreal
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Hogg, James C.
Johnson, Louis G.
Kahn, David S.
Robbillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Taguchi, Kenneth
Takacs, Frank A.
Olds
Burland, George R.
Ottawa
DesGroseilliers, Jean-Pierre
Rexdale
Greisman, John J.
St. Johns
Holt, Charles L.
Scarborough
Melvin, William J.S.
Sherbrooke
Merminod, Andre E.
Sudbury
Field, Paul
Toronto
Bach, Michael C.
Cooper, Joel D.
Froese, Alison B.D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
McIlroy, William J.
Ritchie, Alexander C.
Sellers, Edward M.
Simone, Andrew A.
Vancouver
Bell, Michael H.
Dunn, William L.
West Hamilton
Detwiler, Robert C.
Winnipeg
Adamson, Gilbert L.
Carmona, Robert A.

CANAL ZONE
Panama
Suescum, Alfredo T.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Ibsen, Bjorn
Probst, Jan-Henrik
Hellerup
Anderson, Erik W.

ENGLAND
Birmingham
Trethowan, William H.
London
Borer, Jeffrey S.
Leigh, A. Denis
Ogus, Hugh D.
Menston
Gore, Charles P.
Mill Hill
Raff, Martin C.
Oxford
Morris, Peter J.
Sussex
Thurlbeck, William M.

FRANCE
Lyon
Michel, Albert J.D.
Paris
Kernan, Reginald D.

GERMANY
Dusseldorf
Von Pohl, Joachim W.
Munich
Harder, Hans J.
Huppe, Justin R.
Pinnell, Sheldon R.

GREECE
Athens
Arzimanoglu, Anthony A.
Kapellakis, George Z.
Zaoussis, Alexander L.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

HAITI
Port-au-Prince
May, Harold L.

HOLLAND
Amsterdam
Donner, Reynout

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Ludhiana
Wysham, Donald N.
New Delhi
Pant, Shyan S.
Singh, Madan M.
Tandon, Rajendra

INDONESIA
Jog Jakarta
Parson, William

IRAN
Resht
Samiy, Hussein E.
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Tehran
Saidi, Farrokh

IRELAND
Belfast
Gibson, John G.
Johnston, Hilary
Dublin
Guiney, Edward J.
Mayo
Loftus, James G.

ISRAEL
Petah Tiqva
Laron, Avi
Tel-Aviv
Geller, Eran
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso

JAPAN
Tokyo
Hoshi, Motonori
Suwa, Kunio
Yokoyama, Mitsuo M.
Yoshikawa, Hideyasu

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid A.
Wilson, John L.

MEXICO
Aguascalientes
Ramirez-Acosta, Javier A.
Ensenada
Freeman, Norman E.
Mexico City
Belsasso, Guido
Chavez-Peon, Federico
Santacruz, Abraham M.

NETHERLANDS
Blaricum
Vanvroonhoven, Theo J.

NEW ZEALAND
Dunedin
Blennerhassett, John B.
Ragsdale, Bruce C.

NIGERIA
Aba
Onwukwe, Mba Felix
Ibadan
Bohrer, Stanley P.
Lagos
Baldwin, Wayne E.

PERU
Lima
deMola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

PUERTO RICO
Cieba
Ring, Ernest J.
Dorado
Gonzalez, Ernesto

REPUBLIC OF THE CONGO
Johannesburg
Saffer, S. David

SAUDI ARABIA
Jiddah
Mull, J. Dennis

SCOTLAND
Glasgow
Mital, Mohinder A.

SWEDEN
Lund
Thomson, Dick A.

SWITZERLAND
Basel
Hugin, Werner
Flawil
Seiler, Rolf W.
Geneva
Mach, Bernard F.
Muller, Alex T.
Muller, Walter A.

TAIWAN
Taipei
Kao, Ming C.

TURKEY
Istanbul
Yenel, Faruk M.

UGANDA
Kampala
Kanverezi, Bwogi R.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

YUGOSLAVIA
Belgrade
Petrovitch, George

PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital and its continued excellence throughout its history have been made possible in large part by gifts and bequests. In addition, several planned giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, provide giving vehicles which are attractive for both the donor and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A Direct Bequest: whereby a definite amount is specified.

A Bequest of the Residue of an Estate: whereby the MGH will receive whatever remains after payments of all other legacies. This method may well be used in combination with a direct bequest to the MGH.

A Bequest of the Remainder after Life Estate: whereby the income from a certain principal sum shall be paid to a surviving spouse or other persons for life, with the principal coming to the MGH on the death of these beneficiaries.

A Bequest of a Percentage: whereby the MGH receives a stated percentage of the whole estate, of the residue, or of the remainder after life interests. The will should state the gift to the MGH in a percentage figure, rather than in dollars.

A Contingent Bequest: whereby the MGH becomes the beneficiary only in the event that none of the persons named in the will is living when the will is executed.

If you plan to include the Massachusetts General Hospital in your will or are interested in one of the planned giving opportunities, the MGH will suggest to you or your lawyer specific wording for your will, trust, or life income contract to assure that your wishes are carried out. It is suggested that you or your attorney contact Mr. Joseph C. Donnelly, Jr., Deputy to the General Director for Development (telephone: 726-2200), or the Treasurer's Office (telephone: 726-2128).